



President's Message

This is my last President's Message since I complete my 2-year term as President of the Canadian Pain Society at the CPS Annual Conference in Quebec City at the end of May. I take this opportunity to look back over the accomplishments of the CPS over the past 2 years and to look ahead to the challenges and opportunities for the CPS in the years ahead.

The CPS membership has grown from 640 members in July 2007 to its current level of almost 900 members. In addition, 4 new Special Interest Groups have been established (Pain Education SIG, Interventional Pain SIG, Function and Rehabilitation SIG, Acute Pain SIG), bringing to 6 the number of CPS SIGs. The increased membership and success of its Annual Conferences has resulted in CPS being in a very good financial state and able to increase its support of several

activities related to its mission that focusses on enhancing pain education, research and management. (1) It has supported a survey of health professional educational programmes across Canada that has documented the very limited coverage of pain mechanisms, diagnosis and treatment in most programmes across Canada. (2) CPS has organized several web-based CME programmes dealing with specific pain topics targeted in the first instance at physicians; plans are afoot to develop analogous programmes for other healthcare professionals as well as for patients. (3) CPS has also supported other surveys across Canada that have documented the socioeconomic impact that chronic pain is having on Canada and its citizens, the limited funding that has been provided for pain research in

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Editor's Note

Spring is finally here! It is a time to not only dust off the winter cobwebs, but to do something new and exciting. Well, thanks to the varied and fascinating contributions by our members, we are offering a few new items in this Spring 2009 CPS Newsletter. The most exciting change is that this is our first bilingual edition. In addition, we have some unique submissions, which I have placed under the heading of "Perspectives". You will have to read further to find out more about it! Also included are an online education opportunity and information about a pain fellowship at Dalhousie University.

This edition of the newsletter also contains information from our usual contributors. We have news from the President, our Trainee Representative, the Canadian Pain Coalition, and Special Interests Groups. We have submissions from Quebec and Ontario for our Regional Focus, as well as a contribution from Nova Scotia. Finally, it's that time of year again - the annual meeting will take place next month in Quebec City. I hope to meet many of you there. Please take pictures and make notes and send them on to me for the Summer edition of the newsletter.

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President's Message (cont'd)

Canada, and the unacceptably long wait times for pain patients in Canada to access appropriate pain management. President-Elect Mary Lynch and I have brought the problem of wait times to the attention of the International Association for the Study of Pain, and as a result IASP President Jerry Gebhart has established an international Task Force co-chaired by Mary and me that will develop IASP-endorsed guidelines for medically acceptable wait times for treatment of chronic pain and that will give guidance for parameters to be applied around the world. Through Mary's initiative, the CPS has also established a National Task Force on Service Delivery to improve the delivery of pain management services to Canadians. (4) These various survey findings have been extensively used by the *painexplained* awareness campaign with which the CPS has been engaged for the past 2 years along with its 2 founding partners, the Canadian Pain Coalition and the Canadian Pain Foundation. *Painexplained* has proven an effective mechanism for coordinating and enhancing advocacy activities and mechanisms across Canada in order to increase pain awareness of the public, policy makers, media etc. (5) The CPS has also increased its support for trainee research awards and has established new awards to recognize excellence in interprofessional education, pain awareness, and pain trainee mentoring. Financial support has also been provided for several initiatives by CPS members and SIGs to develop pain educational courses for neuropathic pain management guidelines, and for processes that have the goal of establishing pain medicine as an accredited specialty.

In addition to the many initiatives, the last 2 years has also seen the major revision of the CPS Bylaws and the development of CPS Conflict of Interest guidelines. Following on my inclusion since last year of a bilingual version of the President's Message in each CPS Newsletter, the CPS now has a bilingual version of the CPS Newsletter and is also in the process of having all its major documents translated into French.

The CPS still faces the many ongoing challenges in raising pain awareness, enhancing pain education for health professional students and practising healthcare professionals, reducing wait times for timely and appropriate pain management, and decreasing the socioeconomic burden that pain, and especially chronic pain, has on Canadians. Nonetheless, I am confident that the many steps that the CPS has taken in recent years have provided a solid foundation of procedures, processes and activities upon which the CPS can further increase its effectiveness in addressing these matters. There are also opportunities for the CPS to capitalize upon the increased focus (and thereby funding) by governmental agencies and educational institutions on knowledge transfer, interdisciplinary education, e-learning, wait times for health care, evidence-based care, and chronic diseases and disorders, all of which fall within the framework of the CPS mission and objectives.

Finally, I thank the CPS executive members for the great support that they have given me over the past 2 years, the excellent administrative support provided by Ellen Maracle-Benton and her staff in the CPS Office. I extend my best wishes to incoming President Mary Lynch for a successful 2 years at the helm of CPS. I will be handing over the CPS Presidency to Mary at the CPS Annual Conference being held in Quebec City on May 27-30 this year. The Conference promises to be an excellent meeting, both scientifically and socially, and I look forward to greeting as many CPS members as possible in Quebec.

Barry J. Sessle, MDS, PhD, FRSC
President, Canadian Pain Society



Editor's Note (cont'd)

I hope this spring newsletter inspires you to contribute to future editions. To that end, I would like to invite CPS members from **Manitoba and Saskatchewan** to share news of what is happening in their provinces in relation to research, political/advocacy issues, teaching, clinical initiatives, or members making the news. I'll coordinate your submission with the others from your province.

I hope you enjoy the spring newsletter. As always, please remember that the newsletter is here to serve you. I'm looking forward to receiving submissions from across Canada, and in particular, from **Manitoba and Saskatchewan** for our next Regional Focus.

Submission deadline is **June 19, 2009**.

Sincerely,

*Elizabeth VanDenKerkhof
Editor*

Online Education

The CPS is pleased to announce that it has launched several online educational programs at www.AdvancingIn.com under the Pain Management portal. Please go to AdvancingIn and register as a member to take advantage of these free accredited programs!

The programs currently listed on the AdvancingIn Pain Management portal include:

- Undertreated Pain – The Silent Epidemic
- Painful Diabetic Peripheral Neuropathy–Mainpro and Main Cert credits available
- Osteoarthritis Pain–Mainpro and Main Cert credits available

The screenshot shows the AdvancingIn Pain Management website. The header includes navigation links: Home | Logout, Personal Learning Portfolio | My Points | Site Navigation | En Français. The main content area is divided into several sections:

- Welcome back to AdvancingIn, ekerkhof** (User greeting)
- My Profile** (User profile link)
- Partner Programs** (List of partner programs):
 - AdvancingIn Diabetes
 - AdvancingIn Womens Health
 - AdvancingIn Lung Health
 - AdvancingIn Endocrinology
 - AdvancingIn Travel Medicine
 - AdvancingIn Oncology
- AdvancingIn Pain Management** (Main heading)
- the CANADIAN PAIN SOCIETY** (Logo)
- The Canadian Pain Society is a chapter of the International Association for the Study of Pain. The CPS includes as members a variety of people interested in pain:**
 - physicians, dentists, nurses, physiotherapists, psychologists, and other clinicians involved with management of pain
 - scientists involved in the design of improved methods of pain management and the identification of basic mechanisms of pain and analgesia
 - professionals involved in education, training, and publication of new information in the field of pain
 - lay persons with an interest in the field of pain
- These programs are designed to further the knowledge of healthcare professionals with the ultimate goal of improving patient care.**
 - Osteoarthritis Pain
 - Painful Diabetic Peripheral Neuropathy
 - **Undertreated Pain – The Silent Epidemic**
- Coming Soon**
 - Pain Management Virtual Practice
- TODAY'S NEWS In Pain Management** (News section):
 - REUTERS**
 - [4/14/2009 14:51] Breast-feeding has analgesic effect during infant vaccination
 - [4/13/2009 12:37] Diagnostic tool helps differentiate neuropathic from non-neuropathic back pain
 - [4/8/2009 5:17:48] Placebo responses affected by migraine study design
 - [4/3/2009 8:08:00] PTSD common in migraine patients: study



Canadian Pain Coalition Update

Welcome to spring everyone! I am pleased to update you on the highlights of CPC's work since the last newsletter.

Board of Directors

This winter the CPC welcomed three new board members. We are so fortunate that they are volunteering their time, skills and talents to help CPC reach our goals.

Sandra Gartz is the leader of the Kitchener Waterloo Fibromyalgia Support Group (Ontario). Sandra, a former Registered Nurse, has volunteered for over a year as a team member and assists with the CPC display booth at Health Fairs and professional conferences. Sandra has agreed to coordinate the booth activities at the Canadian Pain Society Conference in Quebec City in May. Sandra lives with persistent pain.

Janice Sumpton Rph, BscPhm is a pediatric pharmacist who works in a hospital setting in London, Ontario. Her article, "Fibromyalgia: Presentation and management with a focus on pharmacological treatment" was recently published in the November/December 2008 edition of [Pain Research and Management](#). Janice has kindly provided a layperson version of this article for CPC's spring e-newsletter. As part of her new role on the newsletter committee, Janice has agreed to write a regular "Ask a Pharmacist" column. Janice lives with persistent pain.

Barry Sessle MDS, PhD is well known to everyone as the current President of the Canadian Pain Society. Barry has joined the Board in a reciprocal role to Lynn Cooper's participation on the CPS Board. We believe that this will foster exceptional communication and collaboration between the CPS and the CPC.

Website

The CPC has been redesigning the website www.canadianpaincoalition.ca in order to add many new capabilities and features. We are thrilled to offer our members a more interactive, education focused site. The Pain Resource Centre (PRC), a comprehensive web-based resource about pain and pain management, will have a distinct place on the website. CPC has enjoyed collaborating with the CPS on this project. To learn more about the PRC, read the update in this issue from the Education SIG. Watch for the website launch in early May.

Pain Awareness

The CPC has been active in moving the painexplained.ca campaign forward through our participation on the Steering Committee and the various activity groups including presenting at meetings in Ottawa.

CPC Collaborates on Refractory Angina Guidelines for Physicians

The CPC is providing the "person with pain" voice on a research initiative to create guidelines that will assist physicians in more effectively diagnosing and treating *refractory angina (RA)*. The investigative team represents scientists and decision makers from the Canadian Cardiovascular Society and Canadian Pain Society. Principal investigators are Michael McGillian and Heather Arthur.



Anesthesia Pain Fellowship



ANESTHESIA PAIN FELLOWSHIP

**Capital District Health Authority
Halifax, Nova Scotia**

Busy multidisciplinary Pain Management Unit is offering one year fellowships in pain management. Clinic medical staff includes five anesthesiologists, a physiatrist, a psychiatrist and two GP/addictionists in a busy adult tertiary care hospital. We have associated psychology, PT, OT, vocational rehab, and nurse specialists. We see 1500 new outpatient assessments yearly plus inpatient consultations and follow-ups, and perform more than 1700 nerve blocks/year. We are closely affiliated with palliative care and functional neurosurgery programs. Our fellow would have the opportunity to acquire skill in x-ray guided nerve block procedures including lumbar and cervical facet denervation, transforaminal epidurals, neurolytic blocks in cancer pain, and percutaneous spinal cord stimulators. Fellows would have opportunity to participate in pediatric pain clinic, or research at the Dalhousie University/IWK Pediatric Pain Research Lab. Successful applicants may become involved with basic and clinical research in pain, psychology based pain group, and the inpatient acute pain service. Fellows would be given a significant role in designing the fellowship experience to meet individual needs.

Successful applicants would be expected to work in the operating room one day per week and participate in limited anesthesia on call services. Must be eligible for licensure in Nova Scotia and FRCPC or equivalent. Salary is determined through an agreement with our Alternate Funding Plan.

The Capital District Health Authority is the tertiary/quaternary referral centre for the Maritime Provinces, with complete medical services in all specialties. We are the primary teaching hospital for Dalhousie University medical school. Halifax is a culturally exciting city with a strong music and theatre community and many opportunities for outdoor recreation (the skiing is not great but you can surf or scuba dive year-round).

For information contact:

Dr. Ian Beuprie,
Director of Education, Pain Management Unit
902-473-4130,
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News from Nova Scotia

Nova Scotia Chronic Pain Collaborative Care Network

“We need to do things differently” is becoming one of the mantras of health care in Nova Scotia and across Canada. Amid burgeoning costs, shrinking human resources and growing wait times, health care providers are responding. The Nova Scotia Chronic Pain Collaborative Care Network (NSCPCCN) is just one example. The mentor/mentee network that connects primary care physicians across the province with experts in chronic pain treatment is Dr. Peter MacDougall’s contribution to doing things differently.

“The network expands the reach of chronic pain experts well beyond the patients he/she could see directly,” says Dr. MacDougall, Capital Health anaesthesiologist and assistant professor, Dalhousie Faculty of Medicine. “The result for patients will be quicker, easier and closer-to-home access to chronic pain treatment. For primary care physicians, it means more knowledge of chronic pain treatments and a greater comfort level when treating patients.”

By making chronic pain treatment and care more accessible to people across Nova Scotia, the NSCPCCN is expected to reduce the number of people waiting, and the wait time, for an assessment through the QEII Pain Management Unit in Halifax – the only specialized pain management clinic in the province. The current wait time for most patients is three years.

Through the NSCPCCN, groups of primary care physicians will receive advice, support and education from chronic pain experts. Each group of primary care physicians will have access to an expert via secure e-mail, telephone or face-to-face meetings. The concept is based on a similar,

successful network in Ontario that supports primary care physicians in the delivery of mental health care.

The NSCPCCN also includes research and continuing medical education components. The network was introduced last year in one district health authority, the South Shore District, as a pilot program and research study. Through the research study, Dr. MacDougall and his collaborators are measuring patient and physician outcomes. The research will continue through the implementation of the network across Nova Scotia as part of an ongoing quality assurance program.

In addition to informal education provided by the expert mentors, education will be provided formally through two annual conferences. Primary care physicians will receive Continuing Medical Education credits for the informal and formal education components.

In April 2009, the NSCPCCN will be launched in the largest health district in Nova Scotia, Capital Health District. A full roll-out of the network, to all health districts in the province, will extend through 2010.

Submitted by:

Cindy Bayers,
Pebble Communications
On Behalf of Dr. Peter MacDougall
Dalhousie University



Personal Perspectives

The following letter is a personal opinion and has not been endorsed by the CPS. It is followed by a response from Dr. Janet Wright of the College of Physicians and Surgeons of Alberta. Those interested in further debate are welcome to do so in a forum, such as the Pediatric Pain Listserv (<https://listserv.dal.ca>).

The Problem with Guidelines

At first glance one may wonder who would ever have problems with good medical guidelines for helping us to treat various ailments. Most guidelines are authored by well intentioned and knowledgeable physicians whose purpose is to help set standards and structure for the less knowledgeable health care provider. I write this article to stimulate thought about guidelines but also for all to reflect on how these guidelines have been interpreted and implemented by various regulatory bodies.

Why even bother with guidelines for the use of opioids? The prescription of opioids is already subject to regulation by two levels of government. On top of this opioids are now being singled out in most jurisdictions for special guidelines. To me this indicates our historical prejudice about the use of opioids. Why not guidelines for the use of antidepressants, insulin in diabetics, antibiotics or use of NSAIDs in pain? I would argue that many of the above have far greater risks to patients but there are no guidelines for their use. Further we now have clinical practice guidelines for the treatment of many conditions. Recent studies have suggested that these guidelines are not being followed for significant numbers of patients. It is unlikely however the doctors who fail to follow these guidelines will ever face professional sanctions. Most guidelines for the treatment of chronic pain patients have become a set of duties that most definitely will challenge the average general practitioner to complete. I have heard some pain specialists say that if the practitioner cannot or will not do these duties maybe they should not treat chronic pain patients. This is completely unreasonable as the goal of most pain clinics is to eventually return the patient to the care of his primary care physician. It is no wonder that the wait lists for pain clinics is so long. Most pain clinics would welcome general practitioners to help with the work load but these doctors are either scared off by the volume of work if they followed all the guidelines or fear of regulatory disapproval if they have missed any of the listed duties.

I would argue that the intent of the original authors of guidelines for the use of opioids in chronic non malignant pain was to use these guidelines as an educational tool. Some colleges have been wise enough to indicate that the patient should be interviewed if there is a question concerning appropriate prescribing. I have seen cases where physicians have had sanctions imposed because their charting was not complete. Obviously proper charting is important, but to restrict prescribing because some of the guidelines have not been fulfilled is I believe only going to hurt legitimate patients.

I understand that new guidelines are being developed that may become policy for every province. I believe those involved in creating guidelines also need to help regulatory bodies properly assess physicians and provide direction and education if all guidelines have not been met rather than punitive discipline.

Submitted by:

Dr. Greg Boughen MD BSc BEd
Family Physician, Westview Health Centre
Lead Physician, Parkland Chronic Pain Clinic
Stony Plain, Alberta



Canadian Pain Coalition Update (con't)

The CPC has supported this study by providing a letter of support during the granting process. As the study progresses, the CPC will work in a collaborator role with people who live with RA to give the “patient perspective” about the guidelines.

CPC on Expert Panel to create National Opioid Use Guidelines for Physicians

The CPC has been participating as a member of the Expert Panel of the National Opioid Use Guidelines Group (NOUGG). The NOUGG, comprised of Canadian Medical Regulatory bodies, is creating a National Opioid Use Guideline that will assist physicians in the prescribing of opioids for the treatment of pain. CPC was approached to be part of this process.

In our role on the expert panel, the CPC gives recommendations and input on the content and wording of the guideline text that is provided to us by the NOUGG. Our review team is made up of Dr. Ann Gamsa, Mark Pitcher, Barry Ulmer and Lynn Cooper. The team is continuing to work hard to provide the vital “person with pain” perspective on an issue that affects pain care and profoundly impacts the quality of life for people who live with persistent pain.

CPC Support Member Groups

The winter installment of CPC’s educational grant for member organizations has been awarded to The Edmonton Nerve Pain Association. The group will use the \$500 grant to create a website to enhance information sharing.

CPS Conference, Quebec City

CPC board members are attending the CPS conference. Our Annual General Meeting is scheduled for May 27 at 4:00 p.m. in the Courville Room, Quebec Hilton Hotel. We are participating in the launch of the Pain Resource Centre at 5:15 during the Conference Opening Remarks. Also, please visit our board members at the display booth during the trade fair.

Respectfully submitted,

Lynn Cooper BES
President



Trainee Corner

In this edition of Trainee Corner, I am delighted to introduce you to the four recipients of the 2009 CPS Trainee Research Awards!

Sheila O'Keefe-McCarthy



Sheila O'Keefe-McCarthy is a recipient of the CPS Trainee Research Award in the clinical category and the Nursing Special Interest Group - CPS/Biovail Nursing Education/Research Award. Sheila is a second year PhD student in the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. Her supervisors are Dr. Michael McGillion and

Dr. Sioban Nelson. Sheila received her Diploma in Nursing from George Brown College in 1982, a BSc (Hons) in Nursing from Ryerson University in 2004, and a Master's of Nursing from the University of Toronto in 2007.

Sheila is especially interested in ischemic and non ischemic cardiac pain, the associated hemodynamic indices of cardiovascular function during myocardial ischemia and pain assessment and management practices. When I asked her where her motivation to conduct research on cardiac pain came from, she responded: "The main reason for wanting to research cardiac pain directly comes from my clinical practice working with patients in cardiology, emergency, and in the ICU. The experience of pain for patients and its subsequent management have always been a major focus of my nursing practice".

Sheila's dissertation research will examine the correlates of acute coronary syndrome pain and anxiety with hemodynamic parameters of cardiovascular function. When asked about the rationale for her research, Sheila replied: "Acute coronary syndrome (ACS) is a leading cause of morbidity and mortality in Canada. ACS refers globally to a continuum of emergent clinical presentations including unstable angina (UA), Non-ST-segment-elevation-myocardial infarction (NSTEMI) and ST-elevated MI (STEMI). Myocardial ischemia arising from atherosclerosis occurs minutes after ACS onset and is

followed by rapid hemodynamic deterioration and pain. Anxiety and fear associated with this pain are typical and, if inadequately managed, can potentiate hemodynamic deterioration, atherosclerosis, and myocardial necrosis. Although ACS-related hemodynamic deterioration, pain, and anxiety are adverse clinical outcomes, the mechanisms underlying their relationship are poorly understood". She explained that myocardial ischemia compromises cardiovascular function that can include: perfusion deficits, metabolic disorders, diastolic and systolic dysfunction, impaired contractility, increased preload, and ECG changes ending with cardiac pain. Sheila stated: "although cardiovascular decompensation is an adverse outcome, we really cannot adequately describe the hemodynamic change that occurs during ischemic pain". When asked about the implications and possible outcomes of her doctoral work she responded: "I hope that this study might provide knowledge of the underlying hemodynamic mechanisms of ACS pain and anxiety. It is very exciting to think that results from this study may generate hypotheses for future cardiac pain research."

The research that Sheila will be conducting with the support of the CPS Trainee Research Award and the CPS/Biovail Nursing/Education Research Award is entitled: "Acute Coronary Syndrome Pain and Anxiety in a Rural Community Hospital: A Focus Group Study". This qualitative study intends to explore the trajectory of ACS pain and anxiety-related care for ACS patients awaiting cardiac catheterization (CATH) in a rural setting. Unrelieved pain and anxiety can potentiate damage to vulnerable myocardial muscle. Therefore, meticulous pain and anxiety related-care are particularly critical for ACS patients in rural areas, wherein wait times for diagnostic CATH can be as long as 27 hours. Sheila will conduct two focus groups of ACS patients who have undergone cardiac CATH within the last 6 months as well as clinicians (i.e., registered nurses, nurse practitioners, and physicians) who care for ACS patients in a rural emergency department. It is hoped that results from this study will provide much needed insight into rural ACS pain and anxiety assessment and management practices, and provide a basis for future ACS guideline development.

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Trainee Corner (con't)

Rachel Horton



Rachel Horton is a recipient of the 2009 CPS Trainee Research Award in the clinical category. Rachel is a 2nd year PhD student in Clinical Developmental Psychology at York University and is supervised by Dr. Rebecca Pillai Riddell. Rachel received her Master's Degree at York in 2007 and is especially interested in how the caregiver-infant relationship relates to the infant's ability to cope with pain. Her Master's thesis examined the relationship between mothers' facial expressions of pain and fear immediately preceding their infants' immunizations and infants' facial pain response immediately post immunization.

When I asked Rachel where her initial motivation to conduct research in infant pain came from, she said: "I have always been interested in the emotional, physical and mental connections between a primary caregiver and his or her infant. Studying how the caregiver-infant relationship is linked to infant pain allows us to measure this connection through observable behaviour". Rachel is particularly interested in the attachment relationship between caregiver and infant, typically measured when infants are between 12 and 18 months old using the Strange Situation Procedure (SSP). The SSP classifies the caregiver-infant relationship into four attachment styles: secure, insecure-avoidant, insecure-resistant and disorganized. These styles capture patterns of infant behaviour and reflect the ways in which infants have learned to cope with distress through interactions with caregivers over the first year of life. Infants in secure relationships have been shown to be better able to regulate distress across development, while infants in insecure or disorganized relationships have been shown to have maladaptive affect-regulation trajectories. Rachel told me that she is particularly excited about bringing well-established developmental psychology tools to the field of infant pain.

Rachel will be conducting her research at the Opportunities to Understand Childhood Hurt (OUCH) laboratory at York University (<http://www.yorku.ca/ouchlab>). When asked about the rationale for her research, she stated: "The caregiver-infant attachment relationship plays a critical role in the infant's ability to cope with distress yet few studies have examined attachment in relation to infant pain-related distress". The focus of Rachel's research is on infant pain outcomes. In line with past research in non-pain contexts, she predicts that infants in secure attachment relationships will be better able to regulate pain-related distress than infants in insecure/disorganized relationships.

The project that Rachel will be conducting with support from her CPS Trainee Research Award is entitled "Synergizing Infant Health and Infant Mental Health: Applying Attachment Theory to the Context of Infant Pain". As part of an ongoing longitudinal project, this study will involve approximately 140 caregivers and their infants. Caregivers and their infants will be videotaped during infants' 12-month immunizations in order to capture infant pain-related distress as well as infants' interactive behaviours with their caregivers. Within three weeks of the immunization visit, caregivers and infants will be invited to take part in the SSP at a research lab in the Hospital for Sick Children's Psychiatry Research Wing. According to Rachel, "This research will be among the first of its kind to directly examine how the quality of the caregiver-infant relationship is related to infant pain." The goal is that "eventually this research will guide clinical interventions by elucidating the nature of infant pain and specifying ways that caregivers can help soothe their infants in pain in relation to their distinct relationship style." Finally, when asked how she envisions future infant pain research, she responded: "If the relationship between caregiver-infant attachment and pain is confirmed, we can begin to look at the ways that caregivers can help soothe infants who experience chronic pain as a result of medical procedures or medical conditions within the context of attachment."



Meeting Announcements

Pain hurt's - let's do something about it!

Annual Pediatric Pain Conference,
Stollery Children's Hospital
Edmonton, Alberta
April 17, 2009
For more information contact:
vanessa.eckert@capitalhealth.ca

Ultrasound for Pain Medicine Workshop

Presented by the Department of Anesthesia Pain Management, University Health Network and the Canadian Pain Society Interventional Pain Special Interest Group
Toronto, Ontario
May 9-10, 2009
For program information and registration contact:
Christine Drane: Christine.Drane@uhn.on.ca,
Tel: (416) 603-5118

Virtual Pain Symposium

Canadian Physiotherapy Association

The Pain Science Division of the Canadian Physiotherapy Association is re-running the virtual Pain Symposium in May 2009. There are three modules and one will be released online each week. The fourth module is interactive and includes the panel. It will take place live in Calgary at the annual conference of the Canadian Physiotherapy Association. It may also be available online. For further info please go to www.physiotherapy.ca and click on the link for the virtual pain symposium.

Canadian Pain Society Annual Conference

May 27-30, 2009
Quebec City, Quebec
Program and Registration Guide will be available this month. You will be notified by email and information will also be on the CPS website.
CPS website: www.canadianpainsociety.ca

7th Annual Pain Day: Pain as a Chronic Preventable Illness

June 5, 2009
Kingston, Ontario
For information:
Call: 613-533-2875
Email: painday3@queensu.ca
Website: <http://psyc.queensu.ca/trippd/painday.html>

Regional Anesthesia & Pain Medicine 2009

August 27-30, 2009
Niagara-on-the-Lake, Ontario
For information contact: Christine.Drane@uhn.on.ca,
fax: (416) 603-6494

Ultrasound for Pain Medicine Workshop

Presented by the Department of Anesthesia Pain Management, University Health Network and the Canadian Pain Society Interventional Pain Special Interest Group
Toronto, Ontario
November 7-8, 2009
For program information and registration contact:
Christine Drane: Christine.Drane@uhn.on.ca,
Tel: (416) 603-5118

International Association for the Study of Pain 13th World Congress on Pain

August 29 – September 30, 2010
Montreal, PQ
IASP website: www.iasp-pain.org

The 4th International Congress on Neuropathic Pain IASP Special Interest Group on Neuropathic Pain

Late May/Early June, 2013
Toronto Convention Centre
Toronto, Ontario



Regional Focus: Quebec & Ontario

Change and continuity at McGill Pain Centre Montreal, Quebec

For those who work within the Alan Edwards Centre for Research on Pain, it is somewhat shocking to realize that it has been six years since the Centre was officially inaugurated at McGill. The words “pain” and “McGill” just seem to fit together so well that it feels as if the Centre has always been around. But it is true nevertheless. The Centre, as it is affectionately called, was inaugurated as the focal point for the pain research community at McGill in June 2002, and has steadily grown to a vibrant facility that has core research lab space for both human and animal experimental research, dedicated administrative and research support staff, new young academic members and a host of regular activities throughout the year.

Perhaps the one person who does feel the last six years is its Inaugural Director, Cathy Bushnell. Cathy has given much to the Centre over the last six years, helping to make it what it is today. But all good things must come to an end, and so is her tenure as Director. On June 1st, 2009, the new Director for the Alan Edwards Centre for Research on Pain will be Fernando Cervero. The transition will be a smooth one: Cathy & Fernando are old and good friends; Fernando formerly sat on the Centre’s Board of Directors; and the two have been working on the transition for the last several months.

To mark the event, this June 10th, in a one day research symposium – “Pain Research @ McGill: Past, Present and Future” – the transition between the two will be formally observed. Speakers at the event will include former students of Cathy’s (Irina Strigo, University of California, San Diego; Pierre Rainville, Université de Montreal; Petra Schweinhardt, McGill University) and Fernando’s (Bridget Lumb, Bristol University; Jenny Laird, AstraZeneca R&D Montreal; Ted Price, University of Arizona) reflecting on their

mentor’s research and its impact, and will also include key note addresses by Jerry Gebhart (University of Pittsburgh), President of IASP, and Allan Basbaum (University of California, San Francisco), Editor-in-Chief of *Pain*, himself an old Montrealer and alumnus of McGill. As is only fitting for such a day of celebration, special tribute will also be made to the father of pain research at McGill, Ron Melzack.

The event will take place at McGill and will be free of charge. People will be asked to confirm their attendance in advance, as the event will include coffee breaks and a buffet lunch, so numbers will be needed for catering purposes. Details for those interested in attending the event will be available by April 15th on the Centre’s website: <http://www.painresearch.mcgill.ca> or by contacting the Centre’s office at 514-398-8975.

Submitted by:

Sid Parkinson
McGill Pain Centre
Montreal, Quebec

Sexual Health Research Laboratory, Department of Psychology, Queen’s University, Kingston, Ontario

Vulvodynia, defined as chronic vulvar pain, is a common condition affecting 16% of women in the general population. Despite its high prevalence, little is known about the factors that cause or maintain the pain, and even less is known about its impact on intimate relationships. In addition, few controlled, prospective treatment outcome studies exist in the literature.

A large part of the research conducted in the Sexual Health Research Laboratory (SHRL) at Queen’s University is devoted to the study of vulvodynia, in

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Regional Focus: Quebec & Ontario (con't)

particular, one common subtype called vestibulodynia (formerly termed vulvar vestibulitis syndrome). We examine multiple dimensions of this pain condition, including self-report measures, psychophysical methods, brain imaging, and blood flow measurement. In addition, we have recently started a study examining couple interactions (coding for verbal and non-verbal behavior) of affected women and their partners. We also conduct prospective treatment studies that focus on non-medical options.

Multidisciplinary work of this nature necessitates much hard work by many devoted people. Our current research team consists of Dr. Caroline Pukall (Psychology), Dr. Susan Chamberlain (Obstetrics and Gynecology), Dr. Linda McLean (School of Rehabilitation Therapy), and several dedicated graduate students, past and present: Kelly Smith (Psychology), Samantha Waxman (Psychology), Katherine Sutton (Psychology), Karen Blair (Psychology), Corrie Goldfinger (Psychology), Stéphanie Boyer (Psychology), and Evelyne Gentilcore-Saulnier (School of Rehabilitation Therapy). Sara Caird is the SHRL Coordinator, and we have several research assistants, Honors students, and volunteers who help with many aspects of the studies we conduct. To mention just a few: Emma Dargie, Christopher Upton, Stephanie Taillefer, Jen Brunet, and Shannon Coyle.

Current studies focus on the following aspects of vulvodynia:

- The impact of chronic vulvar pain on one's sexual relationships (observational, online study, and psychophysical studies);
- Central nervous system function through the examination of spinal cord and brain regulation and activation;
- Differences between women with vestibulodynia subtypes (primary and secondary), and between women with vestibulodynia and other forms of vulvodynia (e.g., generalized vulvodynia) on multiple aspects of the pain experience;
- The effectiveness of pelvic floor physiotherapy on pain, psychosexual, and pelvic floor function;
- The effectiveness of pelvic floor physiotherapy versus cognitive behavioral therapy for multiple aspects of vestibulodynia; and
- Blood flow imaging of genital responses and the effect of sexual arousal on pain perception.

Our findings are published in top-rated journals, such as *Pain*, *Archives of Sexual Behavior*, and *The Journal of Sexual Medicine*. We actively present our work through oral and poster presentations at various conferences (e.g., International Society for the Study of Women's Sexual Health, Canadian Pain Society, Canadian Sex Research Forum), we are media-friendly, and we are involved in many pain and sexuality organizations (e.g., Society of Sex Therapy and Research). We have been exceptionally fortunate to have received infrastructure and operating funds from agencies such as the Canadian Institutes of Health Research, National Vulvodynia Association, Canada Foundation for Innovation, and Queen's University.

Submitted by:

Caroline F. Pukall, Ph.D., C.Psych.
Assistant Professor & Director, Sex Therapy Service
Department of Psychology, Queen's University



Nursing Special Interest Group

Events at the upcoming CPS meeting in Quebec City May 27-30th.

- Reception and networking session on Thursday May 28th at 6:00 pm. This will be an opportunity to meet with other SIG members and to take part in the development of clinical cases for pain. Refreshments included. Location: TBA
- SIG Luncheon on Friday May 29th at 12:15 pm, for our annual business meeting in Room 205AB at the Hilton Hotel
- Call for Nominations for SIG executive: Nominations for the following positions: Chair, Newsletter Editor and Membership Coordinator. Please see the "Call for Nominations" attached. Nominations due by **May 11, 2009**.

Education Special Interest Group Update

Overview - Dr. Philip Peng, Chair, Education SIG

In the last 10 months, the five task forces have worked very hard to achieve the objective of our SIG, which is "to disseminate knowledge to healthcare professionals and patients in order to enhance the understanding of pain".

The taskforce on education material signed a contract with Wiley-Blackwell to publish a comprehensive multi-disciplinary reference guide written by 40 international renowned authors, and this book is planned to be launched in time for the IASP World Congress in Pain in Montreal in 2010. The Pain Resource Center, a collaborative project between Canadian Pain Society and Canadian Pain Coalition, will be launched on the pre-conference day (May 27, 2009). This ambitious project attempts to put all relevant resources for access of care, patient advocate groups, information on pain conditions and types of pain management, on one website. A Pain Refresher Course was established in February 2009. Encouraged by the excellent response from the first course, the organizing committee is going to expand its representation and the next course in Montreal in 2010 will be more comprehensive. The taskforce to recognize Pain a subspecialty by the Royal College of Physicians and Surgeons of Canada is working tirelessly under the leadership of Dr. Patricia Morley-Forster to form the curriculum. The taskforce met via teleconference or in person almost every month. The deadline for completion of phase II is May 1, 2009. The taskforce on Interprofessional education has focused on gathering pain education resources to facilitate interprofessional learning to improve pain management practices. The taskforce is changing its strategy in the hopes of improving response.

Education Material for Trainee and Professional - Dr. Mary Lynch

The past year has been spent in developing the proposal and finding a publisher for the quick guide to chronic pain management. Ken Craig, Philip Peng and I (Mary Lynch) agreed to serve as co-editors on this volume and put together a proposal that was initially sent to IASP Press. Although IASP was interested in our guide it unfortunately coincided with another proposal which they had already approved. Due to the potential for overlap between the two proposals the IASP decided not to publish our guide at this time. I am happy to say that the first commercial publisher we approached approved the proposal with enthusiasm. The projected publication date is next year, in time for IASP in Montreal. The publisher is Wiley Blackwell Publishing in Oxford, England. The title is: **Clinical Pain Management: A Practical Guide**. We approached them because they did a great job with the book that many of us contributed to and was edited by Saifee Rashid, Paul Taenzer and Donald Schopflocher titled, *Chronic Pain: A Health Policy Perspective*. We just signed the contract and will be approaching the authors in April. There are 40 concise chapters with international authorship. We already had agreement from approximately one third of the authors and we are hopeful

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Education Special Interest Group Update (con't)

that there will be good representation from the field. The proposed book is intended to be a quick reference guide on best practices in clinical care of patients suffering chronic malignant or nonmalignant persistent pain. The intended audience is front line, multidisciplinary clinicians, primary care practitioner, and trainees. The intent is to follow the IASP core curriculum with regard to clinical issues, and provide a quick reference format with broad headings similar to those found in Melzack and Wall's Textbook of Pain. The plan is to create a book that will be appropriate for interprofessional use and will include the basics necessary for completion of fellowship and accreditation exams in existence or in development.

Pain Refresher Course -Drs. Norman Buckley, Philip Peng

The Canadian Pain Society Education SIG presented its first 'Pain Refresher Course' the weekend of Feb 28- Mar 1, 2009. The program was an ambitious two full days, demanding for both speakers and attendees alike. Speakers included the full range of basic and behavioural science and clinical specialties. The facility (Delta Chelsea Hotel, Toronto) and the arrangements (Events-n-Sync, Ellen Maracle-Benton) were excellent. As the first refresher course of its kind, the speakers were challenged to address the needs of a potentially wide range of disciplines, training and expertise within quite limited time frames. The aim was not to be exhaustive but to present key points.

Based upon feedback from this event, plans are underway for the 2nd Annual CPS Education SIG refresher course, to be held in Montreal, Quebec. Both the planning group and the schedule have been expanded to permit exploration of additional topic areas and more in depth clinical case discussion. A 1/2 day Acute Pain session will be added and also a 1/2 day case workshop. Although we hope that registrants will attend the entire meeting to maximize the opportunity for interdisciplinary learning and exchange, the schedule will be structured so that specific topic areas can be pursued through partial attendance if other demands require.

Thanks to the CPS and our industry partners for support, and looking forward to the future.

Pain Resource Centre - Ms. Lynn Copper

The Pain Resource Centre (PRC) is a comprehensive web-based resource about pain and pain management. Canadians will now have access to one central resource where they can obtain reliable information about pain so that they can help themselves, clients and family members.

The Pain Resource Centre is a collaborative project of the CPS Education SIG and the Canadian Pain Coalition. The steering committee, Philip Peng, Jennifer Stinson, Lori Montgomery and Lynn Cooper invite you to join us at the official launch of the PRC on **Wednesday, May 27, 2009** at the opening ceremonies of the Canadian Pain Society Conference in Quebec City.

Royal College of Accreditation of Pain Medicine - Dr. Patricia Morley-Forster

Since September, 2008, a national interdisciplinary task force has been meeting by teleconference monthly to prepare an application to the Royal College for recognition of the subspecialty of Pain Medicine. While it is a core principle that the treatment of pain must be multidisciplinary in scope, the objective of the Royal College is the accreditation of training programs for doctors.



Education Special Interest Group Update (con't)

The creation of a new subspecialty at the Royal College level is a three-phase process extending over four to six years. The preliminary, or Phase 1, application was approved in May 2008 with strong support from the Canadian Pain Society and the Canadian Anesthesiologists' Society. The second stage requires an outline of the objectives of training, the curriculum and the evaluation procedures. Details are requested on the number of fellowship programs currently existing and projected requirements for medical pain specialists in Canada over the next ten years.

The core of the program's curriculum will be a six-month rotation in a multidisciplinary clinic as per the IASP definition. There will be mandatory training requirements in Cancer Pain, Acute Pain and a 4-week Pediatric Pain rotation. Training units will apply to receive accreditation to teach Pain Medicine specialists. Entry will be permitted from a wide variety of specialties including Internal Medicine, Psychiatry, Anesthesiology, Pediatrics and Surgery.

Once the Phase two applications are approved, the Royal College will consult widely with all stakeholders in medical education and health care across the country (Phase 3). Discussions have been initiated with the College of Family Physicians to ensure that this new Royal College subspecialty collaborates fully with Family Medicine as they create their own training modules in Chronic Pain Management. It is important to realize that this training program will not be considered the standard for doctors wishing to focus their practice in pain management. Many different levels of training will be needed to cover the diversity of clinical needs. Pain Medicine will be a rigorous program, novel in its interdisciplinary perspective, intended to train the future medical leaders of this subspecialty in education, research and administration. The deadline for phase two is May 1st, 2009.

Interprofessional Education – *Dr. Judy Watt-Watson*

The focus of the Interprofessional Education section of the Education SIG aims to gather pain education resources to facilitate interprofessional learning about improving pain management practices. It was decided at the CPS Education SIG meeting in 2008, that the CPS membership would be surveyed to see if they were willing to share patient cases that could be used for student teaching. The cases received were brief and few (n=3), therefore a different approach is needed to provide information for this resource. The Nursing Issues SIG (NI-SIG) conducted a survey that also identified a gap in this area and is offering a case writing session as part of their **Reception and Networking session at the CPS meeting on Thursday May 28th at 6:00 pm**. In the future a link could be created between the resource sites posted under the NI-SIG <http://www.canadianpainsociety.ca/n2resources.html> and the Education SIG site. A future goal is further development of a resource list of education models, web-based cases and other resources.



**A special invitation is
extended to our
colleagues in Manitoba
& Saskatchewan
to contribute news from
your part of Canada.**



Trainee Corner (con't)



Stefania Echeverry

Stefania Echeverry is a recipient of the CPS Trainee Research Award in the basic science category. Stefania is a 2nd year PhD student in the department of Neurology and Neurosurgery at McGill University and is conducting research under the supervision of Dr. Ji Zhang. Stefania obtained her Bachelor's degree in Biology from Laval University where she developed a special interest in the field of Neuroscience and it was here that she decided to pursue a Master's degree in Neurobiology. During her undergraduate work, she first started investigating the role of neuroimmune mediators in nociception. Since then, her research has largely focused on the study of glial cells and neuropathic pain.

When asked where her initial interest in this research came from, she stated: "Realizing how ignored and underestimated in the field of pain (and in Neuroscience in general) glial cells are, was an important motivation to do research in this field. Having Dr. Ji Zhang as my mentor at the Alan Edwards Center for Research on Pain and also being involved in the Neuroinflammation Training Program has allowed me to understand the importance of combining these two worlds in order to find new and better therapeutic horizons for the treatment of neuropathic pain".

Stefania told me that she will conduct this research in an ideal training environment: "The graduate program in Neurological Sciences at McGill University is one of the largest and most comprehensive neuroscience graduate programs in North America. It provides extensive training in a variety of basic and applied neuroscience disciplines at the master's and doctoral levels to over 200 outstanding students who wish to make a career in this exciting field. The 110 McGill professors who participate in the Program offer superb opportunities for research in molecular, cellular, behavioural and cognitive neurosciences. The highly

competitive PhD degree program prepares students for successful scientific careers in the field of neuroscience".

When I asked Stefania about her dissertation research she told me: "Management of chronic pain is a real challenge, and current treatments using conventional analgesics, or antidepressants and antiepileptics, have only resulted in limited success. While a neuron-centric view has dominated the literature for decades, recent work has uncovered extensive neuroimmune interactions as substrates of neuropathic pain. Indeed there is much evidence that activated glial cells (i.e. astrocytes and microglia), within the central nervous system, could maintain the pain sensation even after the original injury or inflammation has healed and convert it into chronic pain by altering neuronal excitability. Interactions between the immune and nervous system occur at multiple levels, where different types of immune/glial cells and immune derived molecules are implicated at various stages of the pathogenesis. Although long ignored, the nervous system's glial cells may turn out to be key players in neuropathic pain and prime targets for therapy. Therefore, it is necessary to expand our knowledge about glial activation and the biology of glial cells in general".

While completing her master's research, Stefania observed that peripheral nerve injury induced a prominent glial cell proliferation in the spinal cord. In fact, there was a close temporal relationship between microglial proliferation in the spinal cord dorsal horn and abnormal pain responses, suggesting a contribution of the new microglia to the genesis of the neuropathic pain symptoms. Following these observations, the general goal of her PhD research program is to investigate the cellular and molecular mechanisms underlying nerve injury induced-spinal gliosis and how this phenomenon contributes to neuropathic pain.

One of the ways used to understand how glial activation is involved in pain, is to modulate this activation with immune mediators. With the support of the CPS Trainee Research Award, Stefania will examine the roles of TGF- β 1 in nerve injury induced neuropathic pain. Stefania states: "Specifically, we want to determine whether TGF- β 1, as a potent anti-inflammatory cytokine, could directly

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Trainee Corner (con't)

modulate spinal inflammatory response to reduce the increase of proinflammatory cytokines, such as MG-CSF, IL-1b, TNF-a or IL-6, and the correlation with chronic pain behaviour. For this part of the project, we will use intrathecal infusion of recombinant TGF-b1, and investigate the different changes in inflammatory markers induced by nerve injury. We have opted for the Luminex technology, a powerful tool to detect multiple analytes within individual samples. This method will allow us to do an extensive characterization of the impact of TGF-b1 on the inflammatory process that is so critical to the development of neuropathic pain”.



Anne-Julie Chabot-Doré

Anne-Julie Chabot-Doré is a recipient of the CPS Trainee Research Award in the basic science category for her project entitled “Investigating the molecular basis of adrenergic-opioid analgesic synergy”. Anne-Julie is a PhD student in Neurological Sciences at McGill University working under the supervision of Dr. Laura Stone at the Alan Edwards Center for Research on Pain.

During her undergraduate studies at McGill University in Anatomy and Cell Biology, Anne-Julie worked in neuroscience research labs. This experience confirmed her desire to pursue graduate studies. She graduated in 2004 and joined the laboratory of Dr Philippe Séguéla at the Montreal Neurological Institute where she conducted her Master’s research. This research examined the modulation of the P2X3 channel by G-protein coupled receptors (GPCR) activated by inflammatory mediators. Using molecular biology, electrophysiological recording and immunohistochemistry techniques, Anne-Julie started to acquire knowledge and skills to study receptor regulation and neuronal excitability in nociceptors.

For her PhD dissertation research, Anne-Julie decided to further develop expertise in the neurobiology of GPCR involved in pain, an area that she plans to pursue after completing her graduate studies. When asked about her dissertation research, Anne-Julie responded: “During my PhD, I will study the synergistic interaction between two GPCRs in primary sensory neurons: the δ -opioid receptor (DOP) and the α_{2A} -adrenergic receptors (α_{2A} AR). This interaction is clinically relevant because when co-administered to the spinal cord, agonists acting at these receptors interact in a greater-than-additive (i.e. synergistic) manner to produce analgesia. We hypothesize that this synergy is the result of GPCR hetero-oligomerization, an emerging concept with significant repercussions in cell biology and pharmacology. With support from the CPS trainee research grant, I will explore the impact of DOP and α_{2A} AR co-expression in sensory neurons on their pharmacological properties, trafficking at synaptic terminals and whether these receptors actually oligomerize. To achieve this, I will use transgenic mice in which the gene for DOP or α_{2A} AR was deleted (i.e. knockout mice) as well as wild type mice. Opioid-adrenergic combinations, such as morphine and clonidine, are already used in the clinic, but understanding the molecular mechanisms underlying their analgesic synergy will enable the development of therapeutic strategies with reduced side effects”.

Anne-Julie believes she is completing her doctoral studies in an exceptional and unique training environment. “McGill University is considered to be a world leader in pain research because of the quality and impact of its basic and clinical pain research. The Alan Edwards Center for Research on Pain, where our laboratory is located, gathers pain scientists from several disciplines and this environment stimulates collaboration and knowledge transfer”. Anne-Julie’s supervisor, Dr Laura Stone, is a young investigator who was recruited in 2007 by the Faculty of Dentistry at McGill. Anne-Julie states: “I was first to join the lab in June 2007, while the lab space was still under renovation. This gave me an opportunity that only few trainees get early in their career: setting up a lab and implementing the techniques that I will use for my project. Now, I know what it means to start a lab and I am ready to start my own lab... perhaps in a couple of years!”



Personal Perspectives (con't)

Dr. Janet Wright's response to letter by Dr. Greg Boughen

Thank you for providing me with the opportunity to respond to Dr. Boughen's comments on opioid use guidelines and how these guidelines are interpreted by regulatory bodies.

Practice guidelines provide tools for physicians to investigate, diagnose and treat medical conditions and are particularly helpful with complex conditions. In most cases these guidelines are developed by specialty societies and associations. Guidelines on the use of opioids in chronic non cancer pain have not been developed in Canada but practitioners have identified this as an area of practice that is complex and would benefit from guidance. (Ontario College of Physicians and Surgeons environmental scan of issues, challenges and solutions in chronic non-cancer pain.)

To fill this gap, several provincial Colleges had developed guidelines on the management of chronic non-cancer pain and the use of opioids in the care of this group of patients. They recognized that there were practitioners who shied away from using opioids in the care of patients resulting in less than adequate pain management and, some physicians did not have the practice tools to manage patients suffering from chronic painful conditions. We also heard from practitioners who feared that they would be maneuvered into providing prescriptions to patients suffering from addiction to opioids or would not recognize the signs of a patient with pain who was developing co-morbid addiction. Chronic pain clinics do not have the capacity to manage all patients suffering from chronic pain and our desire is to provide practitioners with tools that will allow them to feel comfortable caring for their patients.

The provincial and territorial Colleges recognized that they could work together to produce opioid guidelines that were supported by the scientific literature and by experts working in the area of chronic pain management. The predominant goal of this national group is to assist physicians to prescribe opioids for chronic non-cancer pain in a safe and effective manner.

Dr. Boughen suggests that the guidelines will be used not as an educational tool but will be used by regulatory bodies to sanction or discipline physicians if they do not completely meet all the recommendations. The national group has identified the need to work with experts, educators and CME/CPD departments to assist physicians in putting guidelines into practice and this will be a major focus once the guidelines are finished review by a national expert panel.

The Colleges are also committed to working with individual physicians to improve their prescribing practices and would prefer to take a practice improvement approach to any identified problems. In rare circumstances, the prescribing practices of physicians may fall so far below the standard of care or a physician is unable to change their practice to conform to the expected standard of care that sanctions are necessary to protect the public. Guidelines do not define a standard of care that must be met in every circumstance and with every patient but provide guidance in the management of conditions or in the use of therapeutic agents.

It is unfortunate that Dr. Boughen felt it necessary to increase the fear that physicians feel when they interact with their regulatory body. Although we recognize that scrutiny creates some unease, to suggest that physicians will be sanctioned or disciplined when they do not meet every item of a guideline is disingenuous and could result in patients receiving less than adequate care for their painful conditions.

Sincerely,

Janet L. Wright, MD, FRCPC
Assistant Registrar
College of Physicians and Surgeons of Alberta



Trainee Corner (cont'd)

Anne-Julie actively participates in scientific outreach activities such as Brain Awareness Week, where from 2005 to 2007 she coordinated the organization of several presentations in French high schools in the Montreal area. Recently, she participated in the organization of Pain Awareness Week in Montreal. Anne-Julie says: "My work may take years before someone can directly benefit from it, but educating the public has an immediate impact: it reminds the population of the importance of research (and funding it), it gives people the knowledge to make smart decisions in their life, and helps them understand and overcome taboos associated with some diseases".

Anne-Julie told me that her long-term career goal is to become an independent researcher and contribute to the translation of basic research into better pain treatments.

I would like to congratulate all of the successful trainees once again on their success in the CPS Trainee Research Award competition, and thank all of them for sharing their interesting and important research with us. All the best in the upcoming year and we look forward to hearing about your results and career paths beyond graduate school!

Trainee Session in Quebec City

In other news, the upcoming trainee session at the CPS conference promises to be dynamic, informative, and really useful for trainees. We can all identify with the challenge of determining which career path to take after graduate school. The trainee session entitled, "*Maximizing Career Success after Graduate Studies*" will explore career development and life after graduate school. Presentations will be given by two successful new researchers, Dr. Simon Beggs and Dr. Anna Wilson, who represent basic science and clinical perspectives. They will share their own personal journeys during and following graduate school and offer valuable tips about how to seize opportunities and increase career success. We hope that you will find the session informative and useful in your future career planning. I'm looking forward to seeing you in Quebec City!

Sincerely,

Melanie Noel,
Clinical Psychology PhD student (Dalhousie University)
CPS Trainee Representative



the CANADIAN PAIN SOCIETY
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Mark Your Calendars

Deadline for submission of materials for the next Newsletter is **June 19, 2009**. We are interested in receiving items on:

- Interesting case studies
- Programs of research
- New clinical programs or initiatives in pain
- Upcoming meeting announcements
- Book reviews

Please send correspondence to:

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The CPS Newsletter is published four times per year by the Canadian Pain Society. Comments and suggestions are welcome.

Don't forget

A special invitation is extended to our colleagues in Manitoba & Saskatchewan to contribute news from your part of Canada.