Welcome

Dear Colleagues,

It is my pleasure to present the current newsletter of the SIG Acute Pain of the IASP. After a very successful Global Year Against Acute Pain in which members of our SIG played important roles worldwide, we are now looking forward to the next satellite meeting of the SIG prior to the 14th World Congress on Pain in Milan.

This newsletter presents a number of important issues – in particular, reports on the Global Year activities, the last satellite meeting of the SIG, and another SIG meeting in Hamburg held in conjunction with the EFIC meeting.

Last but not least, the newsletter contains a first announcement of the satellite meeting of the Acute Pain SIG in Milan. Please note that IASP limits attendance at these satellites to 200 participants, so register early to avoid disappointment. A more detailed program will be circulated to all members in the next weeks.

Looking forward to seeing you in Milan!

Stephan A. Schug
Chair, Acute Pain SIG

Overview: Global Year Against Acute Pain (GYAAP)

IASP decided to focus the Global Year campaign 2010-2011 on acute pain because acute pain is the most common pain human beings experience. Acute pain is caused by surgery, injury or acute disease. Acute pain causes suffering and this alone is a good reason to treat it. However, acute pain also has adverse physiological and psychological consequences that delay recovery and increase morbidity and mortality. Further, undertreated acute pain has long-term consequences such as increased risk for persistent pain after surgery and trauma.

Acute pain is treatable with currently available medications and techniques. However, a large gap between evidence and practice results in widespread undertreatment. This gap needs to be addressed by increased public awareness, better training and education, patient empowerment including easier access to medications and improved organizational structures to deliver pain relief.
Task Force Group

Chairs: Edmund Neugebauer (Germany), Henrik Kehlet (Denmark), Tim Brennan (USA), Stephan Schug (Australia)

Members: Dan Carr (USA), Jørgen Dahl (Denmark), Mary Korula (India), Heinz Laubenthal (Germany), Pam Macintyre (Australia), Winfried Meissner (Germany), Esther Pogatzki-Zahn (Germany), Audun Stubhaug (Norway), Richard Chapman (USA)

Charges to the Task Force

- Disseminate information on acute pain throughout the world.
- Educate not only pain researchers and clinicians within the 130+ countries that comprise the IASP membership, but also the larger global community of health care professionals who witness the problems associated with acute pain firsthand in their daily interactions with patients.
- Increase awareness of acute pain among government officials, media, and the general public worldwide.
- Encourage government leaders, research institutions, and other key decision-makers to support more research, ultimately producing more effective and accessible treatment methods and outcomes for people with acute pain.

GYAAP Activities

Task Force Website, Multi-lingual Fact Sheets, Acute Pain Discussion Forum, GYAAP Email Updates, GYAAP Resources for Downloading, Multi-lingual Press Releases

1. Multi-lingual Fact Sheets (PDFs)

Eight fact sheets were prepared by the group. They were displayed on the IASP website during the campaign year:

- What Is the Problem?
- Acute Pain with Surgery
- Principles of Emergency Department Pain
- Management for Patients with Acutely Painful Medical Conditions
- Interventions: Benefits and Barriers
- Mechanisms of Acute Pain
- Acute Pain Medicine: Where is the Evidence?
- Why the Gaps between Evidence and Practice?
- How to Implement Change?

2. Acute Pain Discussion Forum Topics

Members of IASP were able to participate in a discussion forum at the website. Each task force group member was responsible for leading the discussion for about one month. The following topics were discussed:

- Do we know what we are talking about?
- Opioid-induced respiratory impairment - how best to monitor patients
- Measurement of acute pain
- Multidisciplinary pain meeting, Rio de Janeiro
- Explaining pain to patients: a good starting point?
- Acute pain management in the opioid tolerant patient
- Translation of acute pain management into practice
- Gabapentoids and ketamine
- Acute pain management and renal insufficiency

3. Events and Media Coverage

Each country was responsible for activities in their own countries. Reports came from Australia, India, Bosnia and Herzegovina, Croatia, Finland, France, Iran, USA, Egypt, Finland, France, Germany, Kosovo, Spain, Brazil, and New Zealand. The activities included meetings and symposia on acute pain, pain launch events for journalists, television, press releases and posters, National Day for Pain Prevention (France), World Day Against Pain Events, and a film contest.

The Indian Society for the Study of Pain needs a special applause for all their activities during the year: New Delhi – GYAAP, October 19, 2010, Delhi; Dharmshila Hospital – Acute pain after GI Surgery, March 2011; Goa Medical College – Acute Postoperative pain July 15, 2011; Jaipur City Branch Indian Anesthetist Association – Acute Postoperative Pain, April 2011.
A special applause should also be given to our colleagues from Australia and New Zealand.

Germany’s activities were supported by the German Chapter of IASP, the DGSS, with Esther Pogatzki-Zahn as the lead physician for the campaign (see special report). Also the pain working group of the German Surgical Society (E. Neugebauer) held two annual congresses on acute pain management under the flag of the GYAAP: Bremen 2010 and Cologne 2011.

In summary, the Global Year Against Acute Pain has created an international awareness of a large but overlooked problem. Although the Global Year Against Acute Pain has come to an end, efforts toward improving patient care and research that advances knowledge and creates an evidence base for practice have only begun. Now it is our job to sustain the momentum that the GYAAP created and to grow the area of acute pain as a significant area of clinical care, research and scholarship.
"Challenges in Acute Pain"

A Successful Satellite Symposium by our Special Interest Group at the 13th World Congress on Pain in Montreal 2010

In 2010, the IASP offered for the first time the option to run SIG-sponsored satellite meetings at a World Congress on Pain. This offer included provision of logistic support and a room at the conference center. As this was a unique opportunity for a small and new SIG like us to run a satellite symposium, we grabbed the chance and planned a symposium entitled 'Challenges in Acute Pain.'

The program offered a number of symposia in one single day and the topics we chose were:

1. Quality Assurance in Acute Pain Management
   Here Richard Chapman offered a view from a US perspective and presented his ideas around the new concept of acute pain trajectories and their usage to assess pain in the postoperative and emergency department setting. Then Winfried Meissner and Andreas Kopf presented the European project PAIN-OUT and the German models of certification as a quality control measure in acute pain management.

2. Update on Opioids in the Acute Pain Setting
   This symposium started with a review of the highly relevant topic of opioid induced hyperalgesia and opioid tolerance eloquently presented by Wolfgang Koppert from Germany. He was followed by the pharmacologist Maree Smith from Australia, who presented her interesting findings about differences between opioids, but even more importantly, combinations of opioids – findings that have led to the development of a combination preparation of morphine and oxycodone. This symposium was closed by a more practical look at the problems encountered when treating opioid-tolerant patients for acute pain.

3. Central Sensitization in Acute Pain: Implications for Clinical Practice
   This highly relevant topic discussed issues beginning with preclinical data and led to the question how these findings have implications for the development of chronic pain after surgery and options for prevention. The experimental data were presented by Esther Pogatzki-Zahn from Germany, while David Yarnitzki from Israel discussed perioperative quantitative sensory testing as a tool to assess these changes. Patricia Lavand’Homme from Belgium closed this symposium with a lecture on therapeutic strategies for the prevention of sensitization.

The highlight of the satellite meeting was the international launch of the third edition of the document 'Acute Pain Management: Scientific Evidence' by the chair of the working group, Pam Macintyre (Australia). This document, produced by the Australian and New Zealand College of Anesthetists and its Faculty of Pain Medicine, was released in Australia before the Congress but has since rapidly gained international recognition and endorsement.

The meeting finished with a cocktail reception where members of the Acute Pain SIG and other delegates could mix and mingle; this was felt to be a nice closure of the meeting and enabled lots of social interactions and interesting conversations.

The overall feedback of the satellite was very positive; around 80 participants attended the meeting, which was regarded as a good result for a small SIG in the setting of many competing SIG satellites and more importantly, the IASP Refresher Courses. IASP has realized this competition and in Milan in 2012, the refresher courses will be on a different day than the satellites.

We will try to repeat our success in Milan in 2012 and will offer a satellite with a similar format again, which has been approved by IASP!

Esther Pogatzki-Zahn and Stephan Schug, Organizers

"The Challenges of Acute Pain Management"

Official Satellite Symposium of the 14th World Congress on Pain
Organized by the IASP Special Interest Group on Acute Pain
August 26, 2012, Milan, Italy

We are pleased to announce an official satellite meeting by the SIG on Acute Pain at the World Congress on Pain in Milan. The Satellite will have a stimulating scientific program with four symposia:

- Symposium 1 will present concepts of translational acute pain medicine and discuss animal models of acute pain, the placebo effect, and imaging acute pain.

- Symposium 2 will discuss the role of adjuvants such as steroids, NMDA antagonists, and alpha-antagonists in the management of acute pain.

- Symposium 3 will present current views on treatment strategies in acute pain management such as multimodal analgesia, preventive analgesia, and regional analgesia.
Symposium 4 will present ideas on measurement and guidance of acute pain management from various international perspectives.

High-caliber international speakers have been invited to present these topics – a detailed program will be available on the SIG website (www.iasp-pain.org/sigs/acute) once these speakers have accepted their invitations. As in Montreal, we want to finish our symposium with a little cocktail reception to permit members of the SIG to meet and establish collaborations.

Organizational Details

Registration: Please register online using the 14th World Congress on Pain registration system:
www.iasp-pain.org/Milan/Registration

Registration Fee: 70 Euro

Venue: Milano Convention Center, room to be announced

Logistics: Tea/Coffee, Boxed Lunch

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Minutes of the IASP Acute Pain SIG Meeting at the 13th World Congress on Pain

September 1, 2010, 16:30-17:45, Room 511, Palais de Congrès de Montréal, Québec, Canada

Introduction and Satellite Symposium Review

S. Schug opens the meeting noting that he will remain chairman until 2012 along with all of the other officers. The Acute Pain SIG is growing and is composed of about 490 members.

The journal *Acute Pain* was discontinued by Elsevier. Response to the web edition was positive, but response to the print edition was too limited with insufficient advertising revenue. The last published edition was 12/2009. There is a proposal to merge with *Perioperative Medicine*.

Good news regarding the satellite symposium: about 70 members attended the satellite meeting (among the best attendances). Other good news is the announcement of the Global Year Against Acute Pain beginning October 18, 2010 (more on this later). D. Carr echoes the positive sentiment regarding the satellite meeting and its full range of topics. The 70 participants provided $7,000, which covered costs of the meeting. The SIG has $50,000 available; more details will be provided at the 2012 Milan meeting as the general financial situation is okay.

S. Schug notes that the satellite meeting was the fourth held by the SIG. The size of 70 members enabled good discussion. Another SIG protested the timing of the meeting as it had only 30 members attending. He thinks that there was no particular effect on concurrent refresher course attendance. He opened discussion to consider holding the satellite meeting separately from the refresher courses, which would add an extra day to the meeting calendar, or hold the meeting prior to the conference or during the conference. D. Carr notes as the number of SIGs increases, so does the desire to participate in more than one SIG. He proposes decreasing the SIG satellite meetings to half a day to enable participation in multiple meetings.

S. Schug notes that this was the first occasion to have the satellite meetings at the same time and location as the main conference. He notes the SIG pays for the room for the entire day, so why not use it the whole day? He notes that it is difficult to organize a separate meeting. He proposes three possible arrangements:

1. satellite meeting, then refresher courses, then main meeting
2. refresher courses, then main meeting, then satellite meeting (with likely drop-in attendance)
3. turning one of the afternoon workshops into a satellite meeting

E. Neugebauer notes the good response to the current format and proposes keeping it the same. **A vote is held with a large majority favoring keeping the same format.**
D. Carr suggests a second day of satellite meetings to accommodate the increasing number of SIGs. S. Schug asks of any other acute pain meeting would like to be considered as a satellite meeting of the Acute Pain SIG? Please email him or speak to him in person.

Review of SIG-endorse Projects

W. Meissner updates on the PAIN-OUT registry. He explains that the European Union funded the establishment of a large registry beginning in 2009 with 9 EU countries participating at 16 sites. Voluntary sites (self-funded) include 5 in the US and 1 in Malaysia. The goals are to provide quality feedback regarding treatment and an opportunity for researchers to utilize the databank.

Plans are to: establish core data, create acute pain questionnaire with the American Pain society (the POQ-R, now translated into 12 languages and validated with over 4,000 data sets), set up software and hardware, begin health economic work package, begin, gender work package. The plan will also include the addition of an additional 20-30 extra sites over the next 2 years on a voluntary basis. Dr. Meissner had a long talk with Dr. Gebhart and the IASP counsel to endorse/fund the registry after EU funding ends. It was agreed that it would be a good idea for the IASP. If you/your group is interested in participating, go to www.pain-out.eu for more information. Dr. Meissner notes that PAIN-out has no pharma links and that IASP protects access to information obtained.

SIG member explains that the province of Alberta is reporting on all hip & knee arthroplasties in all its hospitals. He thinks it works very well... sites identify themselves as outliers and can establish actions to improve/adjust/modify. Measures such as pain relief, satisfaction, long-term outcomes, length of stay are reported. He thinks it’s a good start, although he feels like “Big Brother is watching me”. Visit www.albertaboneandjoint.com for details.

S. Schug appreciates the SIG members’ enthusiasm.

S. Schug endorsed the PROSPECT project on evidence-based, procedure-specific acute pain treatments. The unrestricted grant funding the project has ended. This has affected the project requiring the establishment of a non-profit company to maintain the website. Due to the limited budget, only 2 more procedures have been updated. He is hoping another society will help with the project.

Global Year Against Acute Pain

More good news, only six weeks until the beginning of the Global Year Against Acute Pain. The task force was formed six months ago and is now moving towards its goals. E. Neugebauer notes that after years without IASP recognition, there was an acknowledgement in Sydney which has progressed to the GYAAP. Global Years started in 2004 (he reviews prior years). Each year begins on the 3rd Monday in October, this year on the 18th. The purpose is to bring attention to acute pain as it affects the quality of life around the world and is a relatively neglected area, despite cost-effective methods available.

Acute pain is the most common human experience. -through surgery -through disease -due to psychological & physical bases -with long-term consequences -a gap results from under treatment -a need to fix the gap with awareness, education and training. Other issues to address: What are the mechanisms? What are the consequences? What is the evidence? Why is there a gap between evidence and practice? How do we implement changes?

Campaign objectives: a timeline, development of fact sheets by September 25, 2010, begin announcing in other countries. The best way to communicate is through 1-2 page fact sheets. Board members will pick topics. IASP translates documents into French, Arabic, Spanish, and Chinese. We can learn from prior efforts and from the IASP office. The Musculoskeletal Pain group had 20 fact sheets. Their website occupied only 2 pages using simple messages, multiple languages, and video links. Information is provided mostly to the public, but also the media, government officials, and clinicians.

The board (E. Neugebauer, S. Schug, T. Brennan, H. Kehlet plus K. Kreiter and S. Smaalders from IASP) has agreed on a logo. On the left reads: Pain from Surgery, Injury, Acute Disease. In the middle is PAIN with a traffic light as metaphor. Regarding the right side: “None of my patients wants to suffer” it is a futile statement, two comments regarding a more positive statement than Don’t Suffer, use of Don’t Suffer Silently, use of Healing Doesn’t Have to Hurt (three members express similar comments), using Plan, Assess, Treat, Heal instead (kind of like the Musculoskeletal pain group). Other comments: use of a more graphic logo, formation of partnerships with staff/nursing/physiotherapists, use of a headline approach to secure attention, posting on Facebook.

A SIG member comments: there is a need to educate professionals, a need to acknowledge the limitation of knowledge, a need to promote economic support for research, a need to provide information direct to individuals.

Other SIG members submitted comments and suggestions. Regarding the left side of the logo: using the phrase Acute Disease in the definition of Acute Pain, use of Acute Illness versus Acute Disease, will all people understand what Acute means. Regarding the middle portion: the words Acute Pain instead of just Pain, use of traffic light as metaphor. Regarding the right side: “None of my patients wants to suffer” it is a futile statement, two comments regarding a more positive statement than Don’t Suffer, use of Don’t Suffer Silently, use of healing doesn’t have to hurt (three members express similar comments), using the phrase Plan, Assess, Treat, Heal instead (kind of like the Musculoskeletal pain group). Other comments: use of a more graphic logo, formation of partnerships with staff/nursing/physiotherapists, use of a headline approach to secure attention, posting on Facebook.
The Acute Pain SIG runs out of time in the room and the meeting is casually adjourned.

Acute Pain - Yes, we can?

The international acute pain satellite meeting (Acute Pain – yes we can?) was held on September 20, 2011, in conjunction with the EFIC meeting in Hamburg. The meeting was organized by the German Chapter of IASP, which established a specific task force for the Global Year Against Acute Pain (E. Pogatzki-Zahn, Chair, W. Meissner, E. Neugebauer, Ulrike Stamer). The title was chosen basically as a provocative statement based on new data indicating that acute pain management, although not optimal yet, is improving, and we (clinicians, basic and clinical scientists) are all part of this process. Internationally well-known basic scientists, clinical-based researchers and clinicians were invited as speakers. The intention of the meeting was to give an update on acute pain mechanisms, pharmacological treatment options, evidence based recommendations, guidelines, management of special acute pain situations, and other aspects of acute pain.

The meeting started with a very enthusiastic session chaired by Stephan Schug and Eddy Neugebauer, former and present APSIC-chairs, about recent initiatives focusing on the improvement of acute pain in the clinic. In Germany, for example, two major initiatives that started 6 years ago are aiming to certify hospitals for doing a qualified pain management. The data (presented by Christoph Maier) were very intriguing. For example, acute pain management can be significantly improved by a problem based implementation of pain concepts, organizational activities, and education of caregivers and patients (among others).

Another way to improve acute pain management may be to measure continuously treatment quality of pain management in a hospital. Such an approach has been introduced by Winfried Meissner, who started a project in Germany several years ago with the goal to standardize the measurement between clinics and feedback of the results to each clinic with the option to benchmark treatment quality. A further development of this by a group of clinicians and scientists is to set up an international clinical information system which will provide institutions with feedback about their treatment quality, perform benchmark analysis, support bedside clinical decision-making, and foster the use of evidence-based knowledge benchmark clinical. Winfried Meissner, who is PI of this project, introduced the idea and first results. The third speaker, Eddy Neugebauer, proposed the role of the patient in the clinical decision-making and gave examples of how to incorporate this concept into clinical settings.

The second session was intended to give an update on scientific knowledge about acute pain. The first speaker gave an update about mechanisms of acute postoperative pain. The focus was on experiments performed in animals, human volunteers, and patients, showing that a translational approach in acute pain research is possible and important for taking evidence from the laboratory to patients in the clinic. The next speaker, Mads Werner, showed data about predictive factors for acute postoperative pain. He was able to give an impression of how important preclinical testing and clinical (patient-related and operative factors) are, and what we need in the future to further improve our understanding of risk factors for acute pain after surgery. Thereafter, Ulrike Stamer gave a comprehensive overview of genetic factors relevant for acute postoperative pain. The last talk before lunch was a special lecture held by Stephan Schug, who gave a very impressive overview about a special group of patients in the perioperative period: the opioid-dependent patient.

The first session in the afternoon was chaired by Wolfgang Koppert (the President of the German Chapter of IASP) and Esther Pogatzki-Zahn, and focused on pharmacological treatment options for acute postoperative pain. Martin Tramer, the first speaker, critically discussed the pros and cons of nonopioid analgesics and gave evidence-based recommendations about the question of which nonopioid analgesic is best for what kind of patient in the perioperative period. The role of adjuvants for acute postoperative pain was discussed by Patricia Lavand’homme. She gave a great overview on the evidence for drugs like ketamine and pregabalin and discussed clinical relevance of their effects. Narinder Rawal, the third speaker in this session, was able to introduce a number of new (low-invasive) strategies of regional analgesia for the management of postoperative pain, and highlighted critically their role in the perioperative period.

After a brief coffee break, the last session focused on specific patients, situations, and new drugs. First, Silke Ganzera showed data about the situation in the emergency setting in hospitals, and gave examples of what is state of the art and where the needs are for treating acute pain better. Second, Andreas Sandner-Kiessling gave an overview about labor pain and extended animal data to the clinical situation. Finally, Andreas Leffler introduced new drugs which were recently released, are in the pipeline, or which failed for the management of acute pain.
Altogether, the meeting was able to give very comprehensive information about the clinical present situation (how we are doing today), the available knowledge about mechanisms and factors important for the development of acute pain, treatment options (and critical appraisals about drugs and techniques as well), and finally was able to touch not well developed areas (like pain in the emergency room) and give future perspectives. After each talk, as well as between the sessions, the meeting gave a forum to discuss clinical and scientific questions. Everybody who attended loved the atmosphere, the fruitful discussions, and the possibility to meet people with a similar focus on acute pain after surgery and beyond.