Eastern Pain Association

NEWSLETTER

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2005 Annual Scientific Meeting Review

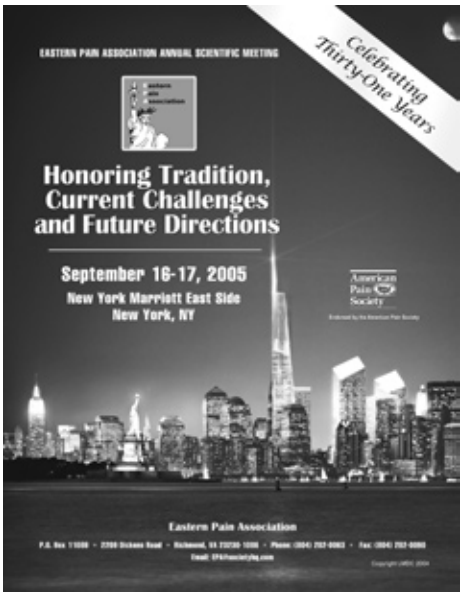
Honoring Tradition, Current Challenges and Future Directions

September 16-17, 2005 • New York, NY

The 2005 Annual Scientific Meeting of the Eastern Pain Society continued the proud tradition of an exciting, inclusive program balancing clinical care and basic and clinical research. This year's program received stellar ratings and the theme, "Honoring Tradition, Current Challenges and Future Directions," carried throughout the traditional Friday meeting and into Saturday's new half-day refresher course on lower back pain. While patience was required to battle the United Nation's traffic issues, the excitement of the program and expertise of the presenters overrode any inconvenience.

The Program and Education Committee could not think of a more appropriate manner to honor "tradition" but to have Ada Rogers, RN (emeritus, Memorial-Sloan Kettering) open the Plenary Session with her talk on *Opioid Rotation Clinical Pharmacology – Development of the Opioid Conversion Chart.* It is impossible to put into words what her vast years of experience have given the pain management field. This lecture provided the opportunity to explore the background leading to the development of the opioid conversion chart, as well as Ada's thoughts regarding its current use in opioid rotation therapy.

Dr. Allan Gibofsky (Hospital for Special Surgery, NY), a physician and attorney, had the daunting task of reviewing events leading to "The COX-2 Controversy" as well as issues associated with product removal and current and potential impact for patients and on research. He handled the material masterfully.



Agreeing to fill in at the last minute, the EPA was honored to have Dr. Jon Levine (UCSF) address our society on *Emerging Issues in Gender-based Variations in Pain Management.* He inspired us to look toward a future of pain management where the dramatic impact of gender differences continues to unfold.

Dr. Mitchell Max (NIH) concluded our Plenary Session with his talk on *Dissecting Pain as a Complex Molecular Disease* and exploring how genetic mapping is opening new vistas in both clinical and research. Dr. Max discussed how the combined use of

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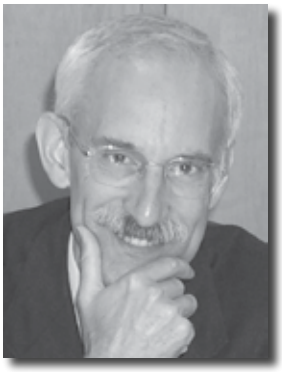


William K. Schmidt, PhD
President

President's Message

Planning for the 2006 Annual Scientific Meeting

Mark your calendars! As we provide a wrap-up of the 2005 Annual Scientific Meeting in this issue of the EPA Newsletter, plans are well underway for the 2006 meeting which will be held Friday, September 29, 2006, at the Marriott East Side Hotel in New York City. Dr. Dania Chastain and the members of the Program and Education Committee have planned an outstanding program around the theme of Pain Communication. The focus will be on addressing acute and chronic pain issues in pre-verbal pediatric patients and non-English speaking patients, addressing the impact of pain on families, successfully navigating DEA regulations on the prescription of opioids to chronic pain patients and dealing with end-of-life care in elderly patients. An exciting addition to this year's program will be a 6:30 am breakfast symposium on Pain in America, which will address the social and medical impact of current and proposed legislation on the treatment of pain. Following the outstanding success of the half-day refresher series inaugurated with the 2005 meeting, this year's half-day refresher course on Saturday, September 30, will focus on headache pain.

While further details on the 2006 meeting will be available shortly, it is my pleasure to announce that Dr. Richard Payne will be the recipient of the 2006 Bonica Award and will present the annual Bonica Award Lecture at the EPA's Annual Scientific meeting on September 29, 2006. Dr. Payne is currently Director, Duke Institute on Care at the End of Life and former head of the Neurology Pain Service, Memorial Sloan-Kettering Cancer Center, NYC. Rich is well known to many of us in the pain community. The Bonica Award Lecture will be open to all interested individuals, without charge, so please mark the date and plan to bring your trainees and house staff for an exciting lecture.

Publication of Bonica Award Lectures in *CJP*

Through its affiliation with The Clinical Journal of Pain, the EPA will resume the tradition of publishing the annual Bonica Award lecture with Dr. Patrick W. Mantyh's manuscript from his 2005 Bonica Award presentation on Mechanisms that Drive Cancer Pain. In the same issue, the EPA's co-founder, Dr. Bert Wolff, will have an article outlining the history of the EPA's Bonica award in recognition of the impact of Dr. John J. Bonica's influence on pain research and teaching.

All EPA members may take advantage of an exclusive 30% discount on new and renewal subscriptions to CJP. CJP is the official journal of the EPA and is now published 9 times per year. Please contact Kay Holmes at the EPA's Society Headquarters (telephone 804-282-0063) to take advantage of your discount subscription.

American Pain Society Annual Meeting May 3-6, 2006 in San Antonio

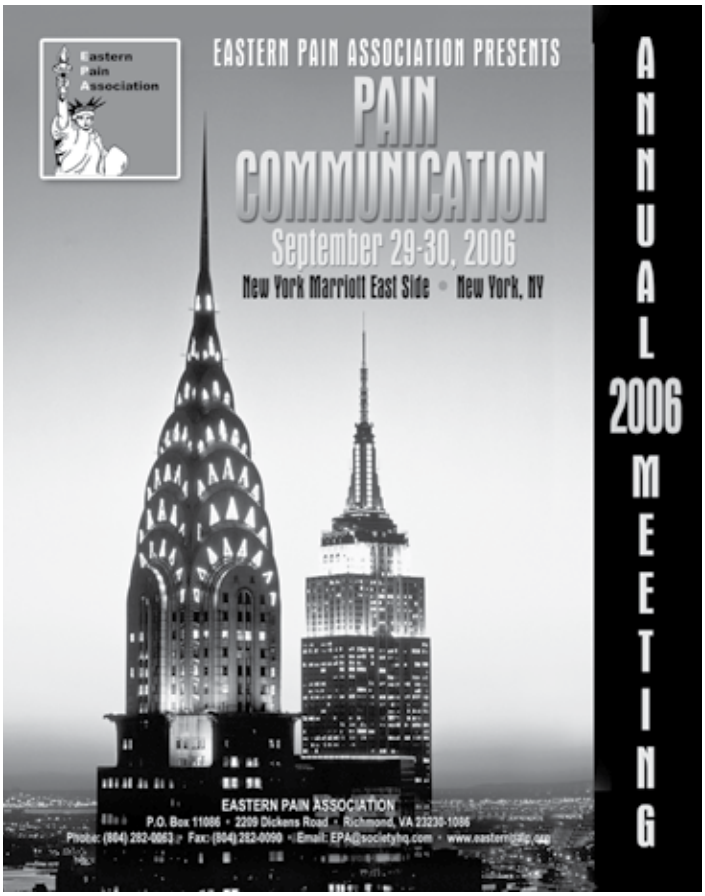
As the largest regional affiliate of the American Pain Society (APS), the EPA Board of Directors encourages all EPA members to attend the APS Annual Meeting, May 3-6, 2006, in San Antonio, TX. Further information is available at www.ampainsoc.org. Watch out for further announcements about a "Getting to Know You" meeting of EPA members and officers at the APS meeting. We look forward to your feedback on how we can further build and strengthen the scope of programs we offer through the EPA.

EPA Board of Directors

With deep appreciation for their service to the EPA Board of Directors, I recently accepted the resignations of Dr. Crawford Clark, a long-time EPA Board member and previous Board President, and Dr. Raymond Dionne, who was elected to the Board in 2004, but has been unable to serve due to recent changes in policy governing external activities of NIH employees.

In accordance with the EPA Bylaws, which require the President to appoint new Board members when there is a vacancy, I am delighted to announce that Dr. Robert Kaiko (Purdue Pharma) and Dr. Dania Chastain (University of Virginia School of Medicine) will serve as the EPA's newest Board members until the next general election in September 2006. As a past president of the EPA, Dr. Kaiko will fulfill the remainder of Dr. Clark's "Past President" Board seat. Dr. Chastain, who chairs the EPA Program and Education Committee, will fulfill the remainder of Dr. Dionne's "Director-At-Large" Board seat.

My thanks to Drs. Kaiko and Chastain for accepting membership on the EPA Board of Directors, and to Drs. Clark and Dionne for their previous service to the Eastern Pain Association.



Editor's Column

Roy C. Grzesiak, PhD

As the editor of the EPA Newsletter, I am pleased that we are getting back on track. This issue is traditionally the follow-up to the scientific meeting and the contents of today's newsletter reflect that. The 2005 scientific meeting held in New York in September was a success. In addition to the usual Friday scientific and workshop sessions, there were continuing education workshops on Saturday as well. Congratulations to Dr. Chastain and her program committee for a job well done.

I am not going to spend a great deal of time on the meeting content because we have contributions to this issue that deal with them, including Dr. Chastain's comprehensive review and Dr. Turk's dinner presentation. As has been the case for most EPA scientific meetings, they have something for everyone.

I would like to single out one of our very senior (actually founding) members who presented much of her early research with a very contemporary spin. Ada G. Rogers, RN, was one of the originators of the concept of opioid rotation and development of the opioid conversion chart. While she seems to view much of this material as primarily historic, I think it has significant contemporary importance. Why? Because it is my impression that many pain management clinicians either do not understand it or they do not adhere to it.

Ms. Rogers' work provides a logical segue into the work on opioid management which was a major morning workshop. Legal issues, particularly those related to abuse and diversion, are horror-story topics for prescribing physicians. The recent drama involving regulatory agencies and pain physicians has had a profound negative impact on pain patients. As a practicing psychologist who works primarily with pain patients, I have seen many patients with long histories of stable opioid use, good functional activity levels, and, in some cases, even vocational restoration, suddenly put "on notice" that they either have to begin to decrease their drug levels or find a new practicing physician who will cover their pain medications. A frequent phenomenon I have observed is the patient with a "need" for pain medications based on their treatment by a primary physician who started them on medicines and then panicked, sending them in search of a pain doctor. Rightly so, most pain doctors will not immediately prescribe but it seems to me that the patient is getting lost in the mix. We are nowhere near having a good clinical system in place for the chronic pain patient who has been maintained on opioids and then needs a different physician either because of a new pain problem or exacerbation of a previously existing problem. Just recently, a good friend of mine sought my advice about pain doctors in NYC because he has complicated chronic pain problems and was scheduled for surgery. He was scheduled for, and did see, a pain team at the hospital where his surgery was scheduled. He was examined and reassured that his pre-, peri- and post-operative coverage would be seamless and "not to worry." Well, nothing went right and his surgically-generated pain was minor but pain-levels from his co-existing pain problems were out of control and not managed at all. Interestingly, the increase in pain intensity that he experienced was apparently a consequence of the mechanics of his care while an in-patient.

When the only tool you have is a hammer, every problem looks like a nail. Dr. Dennis Turk, truly a renaissance pain guy, took all of us to task for our lousy outcomes. The medical, surgical and psychological pain specialties all have hammers and, from Turk's perspective, none of us deserve prizes. What I found particularly important in Turk's talk is that he revisited things we all knew and many of us have forgotten, or at least we act as if we have forgotten in the day-to-day clinical setting: things that are critical to good clinical practice with pain patients. I am going to limit myself to one observation. Namely, the fact that pain complaint, somatic problem, functional impairment, and treatment outcome have no consistent relationship and, therefore, treatment planning should be a team function is critical for the **chronic** pain sufferer.

Enough of that! Remember to mark your 2006 calendar for our March 1st GRIPE meeting. I can think of few better ways of attracting prospective members than giving them a quality lecture and a good dinner (not to mention the open bar) in New York City. Please try to bring a colleague, we must remain cognizant of the need to build and maintain membership.

Roy C. Grzesiak, PhD
Editor

Welcome New Members

Robert Allen, MD ..... Austin, TX
Jose A. Alvarez, MD ..... North Borgen, NJ
Steven Bennett, DO ..... Greenwich, CT
Devika Brijlall, MSN ..... Bronx,NY
John Burke, MD ..... Stony Brook, NY
Robert Edwards, PhD ..... Baltimore, MD
Marc C. Goloff, PhD ..... New York, NY
Joanne Grainger, PharmD ..... Research Triangle Park, NC
John J. Herr, RPH ..... Ridgewood, NJ
Rose Anne Indelicato, RN ..... White Plains, NY
Gary W. Jay, MD ..... Durham, NC
Stephen Jordan ..... Kingstown, RI
Stefanie Kane, PhD ..... West Point, PA
Chau Khuu, MD ..... New York, NY
Silvia Knoploch, MD ..... Norwalk, CT
Ramakrishna R. Kosuri ..... Hagerstown, MD
Karyn B. Lewin, MD ..... Huntington Valley, PA
Ariel Martin, PharmD ..... Basking Ridge, NJ
Douglas Molin, MD ..... West Stockbridge, MA
Brad Reiter ..... North Kingstown, RI
Afzaal A. Siddiqui, MD, FRCS ..... Closter, NJ
David Siwicki, MD ..... North Kingstown, RI
Catherine C. Skae, MD ..... Bronx, NY
Robert Spengler, PhD ..... Buffalo, NY
Arnold B. Sterman, MD ..... Morristown, NJ
Elizabeth Weinman, MD ..... Duluth, MN
Kenneth Wu, MD ..... Cherry Hill, NJ

2005 Annual Scientific Meeting Review

Dinner Speaker: Dennis C. Turk, PhD

Management of Chronic Pain: Looking Forward to Looking Backward

The Eastern Pain Association was fortunate to have Dr. Dennis C. Turk as our dinner speaker. Dr. Turk is far and away the best known psychologist in contemporary pain management. He is the John and Emma Bonica Professor of Anesthesiology & Pain Research and Director of the Fibromyalgia Research Center at the University of Washington. Prior to his current position, Dr. Turk was the Director of the Pain Evaluation and Treatment Institute and Professor of Psychiatry and Anesthesiology at the University of Pittsburgh, and Associate Professor at Yale University. Currently, Dr. Turk is Editor-in-Chief of ***Clinical Journal of Pain***. I have barely scratched the surface of Dr. Turk's extensive accomplishments at the local, national and international levels. Dr. Turk was kind enough to trust me to abstract his dinner talk for the ***EPA Newsletter.***

Dr. Turk began his talk by noting that Janus, the Roman God of Beginning and Endings was the inspiration for the subtitle, *Looking Forward to Looking Backward.* He then went on to provide a historic perspective on pharmacologic treatment beginning with the ancient substances used to manage pain and contrasting them with current substances for managing pain. Although contemporary formulations are seemingly more sophisticated at base, they are frighteningly similar in substance. He noted that in the mid-nineteenth century, we were consumed with the opium wars and in the latter part of the twentieth century, we have been consumed with the opium wars. What's changed?

He went on to offer a review of current research on the use of opioid therapy for chronic pain and his citations make some alarming points. The mean duration of randomized controlled trials of opioids for chronic pain has been 31 days. The average number of participants in these studies is 79. The next composite demonstrates that the weighted mean improvement for patients is 30.58%. This finding would not be so alarming were it not for the fact that the mean response to an active placebo is 21%. Turk noted that the drop-out rates in the studies he and his colleagues reviewed ranged from 20% to 75%. The entry criteria for pain level in most studies is greater than 4 (0-10 scale) and, interestingly, most patients who successfully complete treatment continue to meet entry criteria!

Dr. Turk then went on to look at surgical treatment for pain. He provided a visual comparison between historical surgical instruments and contemporary instruments, which look surprisingly the same. He offered two quotations about the effects of surgery. DePalma & Rothman (1970) who were pioneers in disc surgery said, "No operation in any field of surgery leaves in its wake more human wreckage than surgery on the lumbar spine." He went on to quote Bernard Finneson (1978), "All too often, well-intentioned surgeons who carry out repeat lumbar spine surgery are bludgeoned into the realization that no matter how severe or how intractable the pain, it can always be made worse by surgery."

One of the newest rages, implantable devices fare no better. Citing Taylor et al (2004), Turk noted that when one looks at the aggregate of published studies on implantables, there is only one randomized controlled trial and 72 case series of spinal cord stimulation for chronic low back pain. Many of the case studies were of poor quality. In the one randomized controlled trial, 37.5% of patients showed 50% or greater pain relief as opposed to 11.5% for re-operation. While that is at least promising, he noted that 43% of patients had one or more complications. Studies attempting to predict success of spinal stimulation are of poor quality, provide short-duration follow-up and include patients with failed back surgery syndrome leaving the careful reader with little confidence in even modes predictive success.

Interventional approaches have no better track record thus far. Turk cites Merrill (2003) in a review that looks at the evidence for the efficiency of interventional pain management and finds them lacking. He noted that of the 44 studies that met

Dennis C. Turk, PhD

inclusion criteria, 19 failed to control for bias or compared to a controlled therapy. Only seven studies had a follow-up greater than 12 months. Of 21 conditions or therapies, 12 had none or only one randomized controlled trial and only three studies addressed the issue of cost. Merrill concluded, "This study finds that the scientific literature provides scant proof of long-term benefit for those patients treated with these (e.g., nerve blocks, epidural steroids, facet injections, IDET) procedures."

Turning to the somatic therapies, our contemporary uses of electricity for pain relief, bears a striking familiarity to the uses our forebears made of the electric eel and torpedo fish. When we look at complimentary medicine, there is little difference between historical meditative techniques and contemporary ones. Same thing with copper bracelets and so on.

Summarizing thus far, Turk notes that treatments for pain have been only modestly successful. He went on to make the following points.

- Injury programs have had only minimal effects.
- Simple pain reduction (e.g. drugs, surgery) and disability (secondary) prevention programs (back schools,

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Bill Schmidt, PhD presents Bonica Plaque to Patrick Mantyh, PhD

Bill Schmidt, PhD

The Eastern Pain Association would like to thank the following 2005 31st Annual Meeting Supporters:

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Looking Forward to Looking Backward
Dennis Turk, PhD • Friday, Sept. 16, 2005

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Don Manning, MD, PhD

Ada Rogers, RN

Bonica Luncheon

Dinner Speaker

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specific physical exercises) have disappointing outcomes.

- Most potent medications reduce pain by 30%-40% often, with little improvement in functioning.
- From 19% to 50% of patients treated with opioids terminate treatment in clinical trials due to lack of efficacy and unacceptable adverse effects.
- Although the number of patients are increasing, a substantial proportion of patients who receive spinal surgery continue to report significant pain, functional impairment, and complications.
- Implantable devices are expensive and even carefully selected patients are not pain-free and with only modest improvements in functioning.

Turk concluded that the long-term benefits of any of the current treatments are largely unknown.

Taking another look at the magnitude of the chronic pain problem, Turk noted that the prevalence of chronic pain in the general population exceeds 35% or approximately 105 million people (Harstall, 2003). Treatment is needed, but there are challenges because patients with objectively determined, equivalent degrees and types of tissue pathology, vary widely in their reports of pain severity. Asymptomatic people often reveal objective evidence of structural abnormalities using various imaging procedures. Conversely, patients with minimal objective evidence of structural abnormalities, often complain of intense pain. Surgical procedures designed to inhibit symptoms by severing neurobiological pathways believed to be the generator of pain, may fail to alleviate it. Patients with objectively the same extent of tissue pathology and treated with identical interventions, respond in widely different ways. There are only modest correlations among physical impairments, pain reports, disability, and response to treatment. In summary, pain intensity and disability are not proportional to the amount of impairment.

Turk then used the above argument to turn to a comparison of historical and contemporary psychological treatments and noted such figures as Janet, Fordyce, Neal Miller, and Freud (actually, I am guessing that one of his slides pictured Janet, it might have been Mesmer, Charcot or someone altogether divorced from hypnosis). He noted that the signs and symptoms of chronic pain patients treated at pain clinics include sleep disturbance, physical deconditioning, excessive health care utilization, and use of multiple medications, fear that pain indicates further damage, decreased self-esteem, family stress, reduced sexual activity, financial concerns, work and legal issues. Since no single treatment eliminates pain in all people with chronic pain, we should be considering combinations of treatments for chronic pain, psychological as well as pharmacological and physical. He notes that sometimes 1 + 1 does = 3.

This is the entry for highlighting the importance of interdisciplinary pain rehabilitation programs. The interdisciplinary pain rehabilitation approach grew out of the inadequacy of the dichotomous biometrical v. psychogenic model, the complexity of chronic pain sufferers, and the lack of efficacy of treatments. The problem is that from the point of view of the third party payer, this kind of program is expensive. The interdisciplinary pain center is an organization of health care professionals that includes research, teaching and patient care related to acute and chronic pain. The center includes a wide variety of healthcare professionals including physicians, psychologists, nurses, physical therapists, occupational therapists, and a variety of other specialists depending on the problem. The key is that a multitude of modalities are brought to the pain problem.

The goal is to identify and treat unresolved medical issues, eliminate inappropriate medications, develop a reasonable and desirable medication plan, improve aerobic conditioning, endurance, strength and flexibility, and eliminate excessive guarding behaviors that interfere with normal activities. Additional goals include improving coping skills and enhancing emotional well-being, alleviating depression, assessing and identifying patient resources as well as including vocational and recreational opportunities, providing appropriate education about pain and developing realistic goals.

The interdisciplinary pain rehabilitation program is problem-oriented, time-limited, educational, collaborative between staff and patient, while anticipating the set-backs and lapses that are so common in chronic pain and preparing the patient to deal with such developments. These interdisciplinary programs give attention to knowledge, skills acquisition, self-management, maintenance and generalization. They emphasize increasing knowledge about pain and how the body functions, physical conditioning, medication management, coping skills, and vocational training or retraining. They rely more on identifying and optimizing the patient's assets. Dr. Turk goes on to state that there is no cure for chronic pain. Chronic pain is a *chronic illness* and it should be stated as such.

When clinicians, researchers and third-party carriers ask if pain rehabilitation programs are effective, they are asking the wrong question. What are the criteria of success? Who are these criteria important to — the patient, the provider, the payers, or the employer?

Dr. Turk suggests that the right questions are as follows: Are inpatient pain rehabilitation programs more clinically effective than alternative treatments? On what criteria, what are the adverse effects, and who is affected? Finally, are they more effective than alternative treatments? Turk provided a slide that indicated that these pain rehabilitation programs are more effective than all possible alternatives (Turk, 2002). Finally, Dennis Turk emphasizes that we are still searching for the right balance in pain management.

As both editor and a member of the board of EPA, I want to thank Dr. Turk for affording us access to his encyclopedic wisdom of the pain field. I find it particularly illuminating to look at his forward-backward view of pain management and his perspective that we are continuing to reinvent the wheel.

Roy C. Grzesiak, PhD
Editor

2005 Annual Scientific Meeting Review

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genomics, transcriptomics, and proteomics has identified 19 high priority candidate genes, both known and novel, which appear to have a high probability of describing variations in pain and analgesic drug therapy.

The EPA was honored to present Dr. Patrick Mantyh (Univiversity of Minnesota) with the 2005 Bonica Award. Dr. Charles Inturrisi announced the presentation, which was followed by a tribute to Dr. Bonica by Ada Rogers. Dr. Mantyh's luncheon lecture on *Insight into Mechanisms that Drive Bone Pain* was received with enthusiasm and appreciation appropriate to honoring the work of a pioneer in pain medicine. He was able to bring bench research to the clinical realm in describing potential therapies for relieving bone cancer pain and future directions for research in this field. Questions and comments continued long after his talk concluded.

The afternoon sessions opened with two concurrent workshops in a Clinical Practice Track and in a Clinical Research Track.

Dr. Joe Stauffer (Alpharma) moderated the Clinical Practice workshop on issues associated with opioid management. The challenge of chronic opioid therapy was explored from a variety of perspectives. Dr. Sunil Dogra (Univ. North Carolina) discussed the impact of new DEA regulations on his clinical practice. John Burke, a diversion officer from Cincinnati, addressed legal issues regarding abuse of medications. For a different legal perspective, Dr. Mike Royal (Solstice Neurosciences), who is both a physician and a lawyer, provided practical legal advice and knowledge for treating chronic pain patients with narcotic analgesics. James Broatch, MSW (President of the RSDS Foundation) provided insight into how this controversy is directly affecting patients. Interest and interactions were superb.

From the Clinical Research track, Dr. Stephen Raymond (PHT Corporation) provided an overview on current and proposed uses of technology for clinical research in pain management. Dr. Andrew Cook (University of Virginia) discussed use of item-response theory, touch screen assessment and other technologically driven assessment methods in his clinical practice to capture data. Dr. Richard Gracely (University of Michigan) discussed issues of validity and reliability related to novel technologies and methods.

During the second group of Clinical Practice workshops, Dr. Allen Lebovits (NYU) introduced the *Pain Stages of Change* philosophy and the concept of integrating motivational interviewing into the pain management field. Dr. Peter Brawer (Brown University) gave an excellent overview of the *Stages of Change* model as well as the *Readiness to Change* model that is well known in the pain management literature. This was followed by a presentation from Dr. Charlotte Collins (Brown University), a certified motivational interviewer, who discussed the rationale and theory behind motivational interviewing and other current issues relevant to the psychological aspects of pain management. The audience interaction was excellent; participants left with curiosity and new treatment ideas.

For the third year in a row, the Pharmaceutical Industry Roundtable successfully explored how industry and academic scientists and physicians work together to identify and validate new pain targets in basic science research, and then how to design clinical trials to evaluate and validate compounds with novel mechanisms of action. Moderated by Dr. William Schmidt (Renovis; EPA President), the panelists included Drs. Roland Dolle (Adolor Corporation), Robert Dworkin (University of Rochester), Donald Manning (Celgene), Michael Poole (Wyeth), and John Farrar (University of Pennsylvania).

The President's Reception, hosted by EPA President Dr. William Schmidt, was a welcome opportunity to take a breath from a full day of talks. Following dinner, Dr. Dennis Turk, the current President of the American Pain Society, provided a final perspective on current topics in pain medicine as only he can. His lecture on *Management of Chronic Pain: Looking Forward to Looking Backward*, was an excellent example of how his experience, wisdom, wit and commitment to the field make him such a stellar and gracious orator.

Following a successful Friday program, our new half-day Refresher Course made its debut on Saturday morning. Participants' ratings deemed the program an unqualified success. *Interdisciplinary Treatment-Volume I, Focus on Back Pain* was explored from a variety of disciplines including Anesthesiology, Nursing, Psychology, Physiatry, Chiropractic, and emerging pharmacotherpies. Attendees hailed from multiple disciplines covering academics, private practice, and industry. The mood was stimulating, the discussion flowed and participant interaction was the keyword for the day. Our plan is to focus on one topic annually from a multidisciplinary perspective.

Dr. Donald Manning (Celgene, University of Virginia) opened our program by exploring state-of-the-art treatment for back pain via clinical experience and literature review, which ranged from NSAIDs to anticonvulsants to opioids. Dr. William Schmidt (EPA President, Renovis) provided an exciting tour into the pharmacology pipeline and explored the benefits of medication as they become more specialized and as treatments are more individualized.

Dr. Dania Chastain (University of Virginia) provided an overview of psychological assessment and treatment for patients with back pain. The tables were then turned as she presented and encouraged the audience to explore psychological techniques healthcare providers use/can use on a daily basis to facilitate treatment adherence, outcomes and the patient's overall quality of life.

Candace Coggins, CARN, NP (VA-New York Healthcare Systems; ASPMN President) highlighted challenges of the role of the nurse as case manager. This includes assisting with and enhancing the patient's experience as they navigate the medical system and cope with the impact of lifestyle changes that are brought by chronic back pain.

Using the literature, humor and sharing his vast experience, Dr. James Dillard (Columbia University) reviewed alternative and complementary options to manage back pain. His skill as a certified Chiropractor, Acupuncturist and Physiatrist, provided breadth as well as depth to this topic.

Dr. Jennifer Martinez (University of Virginia) expertly addressed issues practitioners have regarding use of EMG to assist with diagnosis and treatment of back pain. She described how and when to request this test, as well as how to utilize results. Dr. Martinez's presentation was followed by a highly interactive lunch attended by faculty and attendees.

The Refresher Course trial was a success! Our plan is to nurture and grow this session by tapping into training programs for residents and fellows; nursing, medical, dental, and psychology students interested in pain management; individuals from industry desiring to obtain a focused clinical picture; and professionals desiring a refresher and/or up-to-date exploration of a single topic in depth. It is also an excellent forum for existing members to share their experiences, as well as to recruit new members.

Input from our membership is welcome and desired as we are currently working on the September 2006 program. As always, we remain focused on providing a broad-based program to meet the needs of the membership of this stellar organization.

Dania Chastain, PhD

Eastern Pain Association

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INSIDE THIS ISSUE

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