Introduction

A slightly different format with the Newsletter. Synaptic transmitters are basically of two types, excitatory and inhibitory. Let’s hope that this modest publication belongs to the former.

Apart from the announcements of meetings relevant to members, I shall attempt to outline some interesting papers and controversies within the pages of the IASP journal PAIN.

Firstly, the Pain Summit.

This was held in the Great Hall of Parliament House on March 11.

Its ambitious aims were:

Call on the Federal Government to support the formation of national representative body to include all stakeholders in pain management.

Call for recognition of chronic pain as a condition in its own right with access to treatment in the chronic disease model of care.

Call for the introduction of standardised national interdisciplinary pain management networks. These would ensure linkages through all stages of treatment - from prevention of chronic pain, through primary and community care to secondary and complex tertiary care.

Call upon Federal and state governments to back a community-led program to destigmatise chronic pain in the minds of the community and the medical profession.

Through better education, spread the message that a wider range of help - beyond painkillers - is available.

Call for the introduction of pain as the fifth vital sign along with blood pressure, pulse, temperature and breathing rate. This will give a much needed focus to regular assessment of pain much in the way that temperature charting helps in following the treatment of infection. This mirrors policy of both the US Veterans Administration health system and the Canadian Council on Health.

Call for a formal coding system for pain in hospitals to allow prevalence and other data to be tracked.

To what extent these aims will be realised will depend on the political contacts and enthusiasm of the participants.

Arthur Duggan
Transmitter Editor
Chairman's Report June 2010

The advancement of pain medicine continues to gain momentum both Nationally and at a State level. This includes the National Pain Summit that was held in Canberra on 11 March and the development of the National Pain Strategy. On a State level, members of the Queensland Regional Committee have been involved with developing the Statewide Persistent Pain Strategy. This strategy had several recommendations including the development of a hub and spoke model of pain services across Queensland. It was great news then that this strategy received significant financial support in the recent state budget. This support was $39.1 million over 4 years to develop pain centres in Townsville, Sunshine Coast, Gold Coast and at the Princess Alexandra Hospital. This new funding is a tremendous boost to pain services across Queensland and ultimately great news for patients with persistent pain. The Queensland Regional Committee is committed to assisting the implementation of the persistent pain Strategy and I will keep you informed as to the progress of this implementation. This is an exciting time for pain medicine in Queensland and I would like to encourage all fellows and trainees to get behind this new Strategy.

Paul Gray
Chairman FPM QRC

Report of the FPM CME Dinner 25th May

Patients with Legal Claims

Mark Tadros was the Convenor of the Faculty of Pain Medicine’s CME dinner that was held on Tuesday 25 May at the ANZCA regional Office. The topic of the event was Patients with Legal Claims.

About 30 fellows and external consultants attended the event. The speakers, Margaret Brain from Slater & Gordon Lawyers and Rachel Miller from Quinlan-Miller & Treston Lawyers made an engaging presentation using examples from real life compensations claims where they illustrated the case from the perspective of the claimant, the insurers and the lawyers who are involved in requesting medico-legal examinations. There were many questions from the audience.

Thanks to the sponsors of the event Medfin Finance, Investec Experien and MDA National.
What’s new in the journal PAIN?

Methylene Blue and Discogenic Back Pain


Previous papers from this group have reported that histological examination of intervertebral discs from patients with chronic low back pain (without radiculopathy) show granulation tissue filled fissures extending from the outer annulus to the nucleus pulposus and this tissue has substance P containing nerves. They propose that excitation of these nerves by local inflammatory mediators underlies the back pain and that destruction of these nerves by methylene blue should give pain improvement. They identified suitable subjects by back pain during discography produced by the injection of a non ionic contrast medium. (Others have disputed the reliability of this identifier.)

Half of these patients received an intradisc injection of 1ml 1% methylene blue followed by 1ml 2% lidocaine while the placebo group had 1ml isotonic saline followed by lidocaine. The assessment of patient satisfaction, which included the Oswestry disability index, went on for 2 years. The methylene blue group improvement significantly exceeded that of the placebo group.

The same issue of PAIN has a commentary on this work written in his inimitable style by Nikolai Bogduk. Nik is enthusiastic for the procedure but he has reservations about the assessments as he believes that Chinese patients may wish to please assessors more than their Western counterparts. I not sure that I agree as surely the placebo group would allow for this. It seems that Nik now has clearance from his ethics committee to go ahead with a trial of methylene blue injection and he makes a plea for others to follow. It is an interesting approach to the chronic back pain enigma.
Cannabinoids, Nociception and Pain

As with opiates, exogenous cannabinoids appear to produce their effects on the brain by acting as agonists at receptors which are normally activated by endogenous compounds. The two best known endocannabinoids are anandamide and 2-arachidonoylglycerol (2-AG). A recent paper in PAIN: Telleria – Diaz et al (2010) 148,26-35 Spinal antinociceptive effects of cyclooxygenase inhibition during inflammation: involvement of prostaglandins and endocannabinoids comes to the somewhat surprising conclusion that the central analgesic action of COX-2 inhibitors relates better to protecting endocannabinoids than preventing synthesis of prostaglandins.

Twenty years ago cyclo-oxygenase 2 inhibition was viewed as an exciting new way to attack pain associated with peripheral inflammation since the enzyme is not constitutive but is expressed with the development of peripheral inflammation. Alas, we all know the chequered history of COX-2 inhibitors particularly in relation to cardiovascular problems. Telleria et al recorded from spinal neurones in the rat and watched hyperexcitability develop after the induction of a chemical arthritis in the knee joint. This hyperexcitability was best reduced by a selective COX-2 inhibitor. They also measured release of both the prostaglandin PGE2 and the endocannabinoid 2-AG into a perfusate of the spinal cord. Release of PGE2 was reduced by nonselective and selective COX inhibitors but only the COX-2 inhibitor increased release of the endocannabinoid and this increase paralleled the reduction of hyperalgesia.

Cannabinoids and pain treatment is a controversial subject but I think that the science is gradually suggesting a rational basis for their use. The paper discussed above resulted in an editorial comment in PAIN: Bradshaw H. CB1-induced side effects of specific COX-2 inhibitors: a feature, not a bug. As with most editorials the author is an enthusiast for the subject and she quotes many papers on endocannabinoids and NSAID analgesics. She also makes the tongue in cheek comment that too strong a link might result in a ban on NSAIDs as being cannabinoidmimetic drugs!
Congratulations

We congratulate the following candidates who passed the 2009 Faculty of Pain Medicine Exams:

Matthew Bryant, Gopinathan Raju and Clifton Timmins.

The Queensland Regional Committee understands the amount of work that individuals have to put in to pass this exam and what a rigorous and difficult process it is. The above candidates are to be congratulated and welcomed as fellows.

Upcoming Events

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<td>27/07/2010</td>
<td>FPM QRC CME Meeting – Dr Michael Gattas</td>
<td>FPM 2010 Spring Meeting</td>
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<td>Brisbane, QLD</td>
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<td>29/08/2010 to 02/09/2010</td>
<td>IASP 13th World Congress on Pain</td>
<td>FPM QRC CME Meeting – Speaker to be confirmed</td>
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<td>Montreal, Canada</td>
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2010 FPM CME Dinner Meetings

The next CME dinner is confirmed for Tuesday 27th July (following the FPM QRC AGM). Dr Michael Gattas from Brisbane Genetics Private Clinic is the guest speaker and he will be talking on Genetics and Musculoskeletal Medicine.

The final CME meeting for 2010 is scheduled for Tuesday 19th October.

Notice of Annual General Meeting

The Annual General Meeting of the Faculty of Pain Medicine Queensland Regional Committee, will be held at the FPM Qld office on Tuesday 27th July 2010 from 5.30pm. Formal notice of this meeting has been posted and emailed to all Faculty members. Please RSVP your attendance to qldevents@anzca.edu.au or visit the committee website for more information.
Qld Regional Committee Members

Chairman: Dr Paul Gray
Honorary Treasurer/Secretary: Dr Jason Ray
Member: Dr Richard Pendleton
CME Officer: Dr Mark Tadros
Ex-Officio Board Member: Dr Frank New
Ex-Officio Board Member: Dr Brendan Moore
Ex-Officio Board Member: Professor Leigh Atkinson
Co-Opted Member - ‘Transmitter’ Editor: Professor Arthur Duggan
Co-Opted Member – New Fellow Representative: Dr Leigh Dotchin
Queensland Secretariat: Michelle Cordwell

Contributions

Any submissions to the newsletter are welcome.

We are interested in your professional life including clinical activities, research and travel to pain medicine conferences. We are especially interested in supporting our colleagues who work in rural and regional areas and welcome input from you.

Contributions can be sent to the QRC, c/- Michelle Cordwell the FPM Secretariat mcordwell@anzca.edu.au

HOW WOULD YOU LIKE TO RECEIVE FURTHER ISSUES OF THE TRANSMITTER?

The default distribution will be via email but please contact Michelle at the Qld Office if you would prefer post.

Also, don't forget to look at the Faculty of Pain Medicine National Website for the most up to date information.

http://www.anzca.edu.au/fpm