

Conference Review 29th Annual Scientific Meeting of the Australian Pain Society.

The Australian Pain Society meeting was held at the Sydney Convention Exhibition Centre from the 5th to the 8th April 2009. The plenary sessions addressed topics including neuropathic pain, cancer pain, pain in the young and old and the future directions of pain management.

A topical session that was of particular interest was presented by three psychiatrists covering the issue of **"Managing difficult patients"**. Dr Michael Jennings, Psychiatrist at the Pain Management Centre at the Royal Prince Alfred Hospital in Sydney described "heart sink" patients who when you see them in your waiting room your heart "sinks". He stated that while it is very satisfying when as health professionals we help patients to get better, it can conversely be very distressing when patients do not get better, evoking frustration and guilt in the individual. He suggested to be very wary of patients who perceive themselves as victims and therapists who see in themselves as rescuers.

Dr Jennings quoted a study that found between 25 to 50 percent of patients presenting to pain clinics have personality disorders. He quoted a study by James Groves who defined different patient groups into 4 categories: 1 "dependent clingers" who are patients with an escalating need for reassurance and displaying helplessness. 2. "entitled demanders". Needy patients who have become increasingly aggressive. 3. "manipulative help rejecters" who cause therapists feelings of guilt and inadequacy and 4 "self destructive deniers" who he described as having traits of all of the above plus malice as well.

Dr Jennings suggested that if a therapist feels an aversion towards the patient or if the individual is becoming too dependent, it is important to set limits on the dependency. He suggested if therapists encounter an aggressive patient complaining about their treatment to date, that it is important to agree with the patient that they are entitled to good medical care.

He also suggested that if the therapist is feeling depressed or inadequate in the face of dealing with a difficult patient, to possibly share the

pessimism with the patient. He stated of course it's important to build rapport and be empathetic to the individual and acknowledge the individual's distress. He suggested active listening as an approach and paraphrasing back to the individual what they have been told. He stated it is also important to acknowledge how the individual's life has changed and what other losses associated with their ongoing pain e.g. marital breakup or financial distress etc have occurred.

In conclusion, Dr Jennings suggested that it is important to try and find something competent, admirable and unique in each difficult patient. He also suggested it is imperative to structure time to debrief and reflect on situations with co staff and to never "worry alone".

Another session that was of particular interest was **"Implications of Culture and Pain Experience and Management"**. Dr P. P. Chen, Pain Specialist / Anaesthetist from Hong Kong, spoke about the issue of ethnicity and cultural difference and the response to pain. Dr Chen set up the first pain clinics in Asia in 2006 - one in Hong Kong and one in Malaysia.

He noted that studies of pain and measurement scales have suggested that some ethnic groups may have an inherent difficulty conceptualising quantified pain and therefore have difficulty with certain pain measurement scales. For instance he stated in the Chinese population using the traditional horizontal visual analogue scale as one measure of pain reporting was perhaps not appropriate given that Chinese lettering is written vertically. Dr Chen suggested a vertical visual analogue scale equivalent would be more culturally relevant.

He also noted the health care provider's expectations and cultural stereotypes may influence how a person's response is interpreted and treated and certainly cautioned against stereotyping cultural groups with pain. He did refer however to several studies looking at the difference between non-white's perception of pain versus Caucasians. He also quoted the McLaughlin 2005 study where Turkish and Vietnamese women were reported to have higher reported pain levels versus Australian women during childbirth.

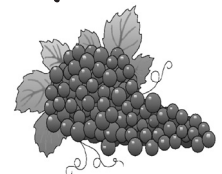
Dr Chen talked about his experience working with Chinese pain patients and being of Chinese origin himself. He stated that his experience had shown that this group finds acceptance of psychological management very hard because of an associated social stigma.

He also touched on Confucian principals, which have a great influence on Chinese people's behaviour, one of which is "pain is an essential element of life" and that endurance and stoicism are common amongst Chinese.

Dr Chen discussed studies of acculturation and assimilation into an adopted society that have shown how people from different ethnic groups are affected by local socio-cultural norms and are influenced in their responses to pain. He stated that despite the social integration into the foreign society, some studies are showing that the original cultural traditions, values and beliefs may assume a strong influence when the person is faced with a significant life event.

Melissa Walter

Watch this Space!



Pinot by the Pool

Berrick Barnes

**Wallaby/
QLD Reds
Rugby Union
player**

will speak on his own recovery and rehabilitation from various musculoskeletal injuries.

Date to be Advised

Conference Calendar

The Australian Musculoskeletal Medicine Conference

Incorporating the 38th
AAMM Scientific Meeting
Mastering Shoulders and Hips
17 - 19 July 2009

The Marriot Resort & Spa,
Surfers Paradise, Queensland
Email:

aamm2009@dcconferences.com.au
www.dcconferences.com.au/aamm2009

The New Zealand Pain Society Annual Scientific Meeting

'Forging Links – Stronger Teams
for the Future'
23 - 26 July, 2009

Distinction Hotel, Rotorua, New Zealand
Website: www.nzps.org.nz
Email: pain2009@confer.co.nz

Pain in Europe VI, 6th Congress of the European Federation of IASP Chapters (EFIC)

Lisbon, Portugal
September 9-12, 2009
Contact: Carine Jaquet EFIC
Executive Secretary
Ph: +32-2-251-55-10 or email:
secretary@efic.org
Web: www.efic.org

13th World Congress on Pain

Montreal, Canada
August 29 - September 3, 2010
Contact: IASP Secretary
Ph: 206-283-3011 or email:
iaspdesk@iasp-pain.org
Web: www.iasp-pain.org/2010Congress

Research Update

**Complementary and alternative
medicine in the treatment of low back
pain: a systematic review**
*Quinn, Fionnuala; Hughes,
Ciara; Baxter, G. David*
Physical Therapy Reviews
(ISSN: 1083-3196); Volume 11,
No. 2, pp. 107-116(10);
June 2006 Maney Publishing

The Biopsychosocial Classification of Non-Specific Low Back Pain: A Systematic Review

*McCarthy, Christopher J.; Arnall, Frances
A.; Strimpakos, Nikolaos; Freemont,
Anthony; Oldham, Jacqueline A.*
Physical Therapy Reviews
(ISSN: 1083-3196); Volume 9,
No. 1, pp. 17-30(14); 1 March 2004
Maney Publishing

General practitioners' treatment orientations towards low back pain: Influence on treatment behaviour and patient outcome

*Sieben, JM; Vlaeyen, JW; Portegijs,
PJ; Warmenhoven, FC; Sint, AG;
Dautzenberg, N; Romeijnders, A; Arntz, A;
AndreKnottnerus, J*
European Journal of Pain
(ISSN: 1090-3801); Volume 13,
No. 4, pp. 412-418; 2009
Elsevier Science B.V., Amsterdam

Cost effectiveness of two rehabilitation programmes for neck and back pain patients: A seven year follow-up

*Jensen, IB; Busch, H; Bodin, L; Hagberg,
J; Nygren, A; Bergstrom, G*
Pain (ISSN: 0304-3959); Volume 142,
No. 3, pp. 202-208; 2009
Elsevier Science B.V., Amsterdam.

Value of Functional Capacity Evaluation Information in a Clinical Setting for Predicting Return to Work

*Streibelt, M; Blume, C; Thren, K;
Reneman, MF; MuellerFahrnow, W*
Archives of Physical Medicine and
Rehabilitation (ISSN: 0003-9993);
Volume 90, No. 3, pp. 429-434; 2009
Elsevier Science B.V., Amsterdam

Disc Prolapse: Evidence of Reversal With Repeated Extension

Scannell, JP; McGill, SM
Spine (ISSN: 0362-2436); Volume 34,
No. 4, pp. 344-350; 2009
J B LIPPINCOTT CO

Back to work - a two-year outcome of a multidisciplinary rehabilitation programme focused on physical function and pain

*Sjostrom, Rita; Alricsson, Marie; Asplund,
Ragnar; Nordenmark, Mikael*
Disability and Rehabilitation
(ISSN: 0963-8288); Volume 31,
No. 3, pp. 237-242(6); February 2009
Informa Healthcare

What causes low back pain?

Devor, M; Tal, M
Pain (ISSN: 0304-3959); Volume 142,
No. 1-2, pp. 11-12; 2009
Elsevier Science B.V., Amsterdam.

Multidisciplinary interventions: Review of studies of return to work after rehabilitation for low back pain

*Norlund, A; Ropponen, A;
Alexanderson, K*
Journal of Rehabilitation Medicine (ISSN:
1650-1977); Volume 41,
No. 3, pp. 115-121; 2009
Foundation for Rehabilitation Information

**Imaging strategies for low-back pain:
systematic review and meta-analysis**
Chou, R; Fu, R; Carrino, JA; Deyo, RA
Lancet (ISSN: 0140-6736); Volume 373,
No. 9662, pp. 463-472; 2009
Elsevier Science B.V., Amsterdam.

The Rising Prevalence of Chronic Low Back Pain

*Freburger, JK; Holmes, GM; Agans, RP;
Jackman, AM; Darter, JD; Wallace, AS;
Castel, LD; Kalsbeek, WD; Carey, TS*
Archives of Internal Medicine (ISSN:
0003-9926); Volume 169, No. 3, pp. 251-
259; 2009

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will be available
for distribution by email.**

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