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President's Message

In the midst of our fight against the H1N1 Influenza A virus, I wish to extend an invitation to all members and friends to enjoy the second edition HKPS Newsletter. The HKPS continues to thrive healthily. As you know the HKPS is now a charitable organization. We have focused our education programme for the public and healthcare colleagues on the topic of Cancer pain this year in conjunction with the International Association for Study of Pain (IASP)'s Global Year Against Cancer Pain initiative for 2008/09. In the later part of the year, other education programmes have been planned. As we strive towards better pain management, I strongly encourage our friends to join our young Society. Your participation will greatly enrich your knowledge, and also enhance that of others by sharing with them your experience and skills.

As a responsible organization towards the promotion and education of pain management, we are planning to apply to IASP as an independent Chapter. This has been made possible by a recent revision in the IASP's Bylaw that allows more than one chapter in each country. At present we are waiting for support and endorsement from the Chinese Association of Study of Pain (CASP) to proceed with our intention.

Lastly I wish to thank all members and friends who have assisted in our activities, and all industries who have supported us. I look forward to further collaboration with you in promoting more effective pain management in Hong Kong.

Dr. PP CHEN

President

Hong Kong Pain Society

May 2009

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Note from the Editor

I am so excited that the last issue of newsletter has generated tremendous constructive responses. Thanks to the volunteers who took time to submit articles to make the newsletter a fabulous read. This is making way towards our objective of nurturing out newsletter as a useful and active learning platform where members exchange ideas and foster discussions. It is excited to imagine that it will soon become a channel of communication for all members. But we need your help to make it happen. So, please continue to send in report or article. Any comment and opinion on newsletter are also welcome. We would like to hear from you on how we can improve the newsletter.

Hope you would enjoy reading the second issue of Hong Kong Pain Society Newsletter!

Dr. CHEUNG Chi Wai

*Editor
Hong Kong Pain Society Newsletter*

Editorial

The Hong Kong Pain Society in collaboration with the Hong Kong Society of Palliative Medicine, Hong Kong Hospice Nurses' Association and the Society for Promotion of Hospice Care organized a series of events to commemorate the IASP Global Year on Cancer Pain 2008-2009. A press conference was held on 3 October 2008 to kick off the Global Year followed by a series of RTHK cancer pain education programme between October and November 2008, and two public lectures on 6 December 2008 in Wan Chai, and 10 January 2009 in Kwun Tong. A pamphlet on cancer pain was also produced for the occasion. A Problem based seminar for health workers on Cancer pain management was also held at the Eaton Hotel on 28 March 2009 where there were over 80 participants.

The President of HKPS, Dr PP Chen, attended the Australian Pain Society (APS) Annual Scientific Meeting 5-8 April 2009, when the APS celebrated its 30th anniversary. On behalf of the HKPS, Dr Chen presented a souvenir to the APS to commemorate the happy occasion. The gift was received by Prof Stephen Gibson (President) and Ms Amal Helou (Immediate Past President).





Happiness meets Pain in Chronic Pain Management

Mr. CHAN M.T., Edward

Occupational Therapist, Queen Mary Hospital

Pain responses protect us from harm. The ascending pain transmission pathways project corresponding signals to the somatosensory cortex (via spinothalamic pathway) and the emotional components in the brain (via spinoparabrachial pathway) (Hunt & Mantyh, 2001). Persistent sensitized signals discriminating as noxious stimulus pairing up with the negative emotional responses - fear conditioning (Kesner & Martinez, 2007). The mnemonics of “fear to get pain” encode to pain memory and associate with other pain related **negative emotions** (Oschner et al, 2002). However, the descending pain modulating pathways to the spinal cord have at least three mechanisms (actions of opioids & serotonin) for us to “decide” whether to respond or not to the noxious stimulus (Fields, 2004). Interestingly, at least three systems in the brain contribute to the analgesia function as well as enhancing positive emotions. The effects of **rewarding system** (actions of opioids), **motivating system** (actions of dopamine) and **positive mood system** (actions of serotonin) (Fields, 2007, Salamone, 2007, Young, 2007) activate the positive emotion and the descending pain inhibitory mechanisms in reciprocal deactivating the negative fear emotional systems of pain (Blood & Zatorre, 2001, Fields, 2004, Zhuo, 2005). Happiness (positive emotion) meets pain (negative fear emotion) at the **emotional systems** in the brain which involves the orbitofrontal cortex, ventral medial frontal cortex, anterior cingulate cortex (ACC), posterior superior temporal sulcus, temporal lobes, nucleus accumbens (NAc), ventral tegmental area, amygdala (Am), hippocampus, insula, ventral striatum (VS), hypothalamus, periaqueductal gray (PAG) and pedunculo-pontine tegmental nucleus (Blood & Zatorre, 2001, Hoffman et al, 2005, Takahashi H. et al, 2008).

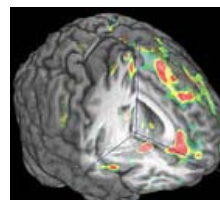
Endogenous opioids (Op) peptides such as endorphins and enkephalins (characteristics similar to morphine) bind to receptors of opioid system enhance analgesia (at PAG), heightening positive social emotions and creating a sense of reward (Apkarian et al, 2005, Fields, 2004). **NAc dopamine** (Dop) via the mesolimbic pathway regulates



Dopamine pathways in brain



Cooking Class



PET scan on ACC, dorsolateral prefrontal cortex, anterior insula, and NAc: endogenous opioid system and mu-opioid receptors activated © J.K. Zubieta, Used by permission

response speed, learning, habit formation and the exertion of effort in reinforcement-seeking behaviour (incentive motivation) by acting on ACC and over basolateral Am for effort-related decision making (Salamone, 2007). Analgesia reward seeking is promoted by VS in raising the threshold for responding to noxious stimulation (Fields, 2007). **Raphe nucleus serotonin** (Ser) can improve mood and social functioning via pathways to ACC. Serotonin is involved in the regulation of emotions, aggression, sleep, appetite, anxiety, memory and perception via different axonal pathways (Young, 2007).

In the multi-disciplinary chronic pain management programme (SHINE) of The Hong Kong western cluster, the “**goal setting**” and “**group activities**” sessions arouse the clients to engage in self-chosen, goal-directed and meaningful activities. Clients reported by engaging in the group activities, not only have the hyperalgesia condition not worsen but positive emotion, **happiness, is perceived** (Lyubomirsky et al, 2005). Group activity, such as cooking class, acts like a catalyst of the chain reaction that generates the positive emotion throughout



the process. Before cooking, clients need to discuss and make decision on the recipe (*actions of Op & Ser*), then self-motivate in shopping and carrying ingredients to the group (*actions of Dop & Op*). During cooking, they follow the procedures, engage in the tasks on hands thus forgetting the time and self - discomfort (*actions of Dop & Op*). Finally, they enjoy the food and share their experiences (*actions of Ser, Dop & Op*). The chain reaction ultimately results in three different types of happiness – pleasure, engagement and meaning (Duckworth et al, 2005). The activity triggers positive emotional components of the brain for the pleasant feeling. The action of opioids, dopamine and serotonin in spiral reinforce clients to participate on the rewarding activity (analgesia is a reward). Clients who experience this turning point further motivate them to establish “short-term goal” on self-chosen activity with “action plan” for seeking pleasant feeling again. **The Happiness cycle**, with characteristics of positive emotion and self-control to participate meaningful activities, gradually develops. Then the destructive effect of pain inducing viscous cycle including negative emotion, deconditioning and disordering life can be minimized.

The chronic pain management group for triggering the happiness cycle has some characteristics. Group activities session: components - enhance positive mood, social support, interaction & instrumental learning (*actions of Op & Ser*); natural reward - food & water; proxy awards – points score & tick marks (*actions of Dop*); activity - exposure to sunlight & aerobic exercise (*enhance Ser & Op*); diet – rich in tryptophan (e.g. wild chickpeas), calcium, folate & Omega 3 (*raising Ser*); tofu & soya milk (*raising Dop*) (Salamone, 2007 & Young, 2007). Goal setting session, select some activities can induce flow feeling (attention absorbed with relax and energetic feeling): 1.clear goals & able to complete 2.bounded by rules 3.immediate feedback 4.facilitate concentration on body action & awareness 5.develop complexity with balancing challenges & skills 6.distinct from reality (e.g. special uniforms) 7.effortless to remove worries of everyday life 8.sense of control 9.loss of self-consciousness but not loss of self e.g. do better 10.transformation of time e.g. 1 hour seems 1 minute (Csikszentmihalyi, 1991).

Reference

- Apkarian A.V., Bushnell M.C., Treede R.D. & Zubieta J.K. (2005) Human brain mechanisms of pain perception and regulation in health and disease. *Euro J Pain*, 9: 463-484.
- Blood A.J. & Zatorre R.J. (2001) Intensely pleasurable responses to music correlate with activity in brain regions implicated in reward and emotion. *PNAS*, 98 (20): 11818-11823.
- Csikszentmihalyi M. (1991). *Flow: the psychology of optimal experience*. 1sted Harper Collinis, New York.
- Duckworth A.G., Steen T.A. & Seligman M.E.P. (2005) Positive psychology in clinical practice. *Annu Rev Clin Psychol* 1: 629-651.
- Fields H. (2004) State-dependent opioid control of Kesner R.P. & Martinez J.L. (2007). *Neurobiology of learning and memory*. 2nded, Academic Press.
- Lyubomirsky S., King L. & Diener E. (2005) The benefits of frequent positive affect: does happiness lead to success? *Psychological Bulletin*, 131 (6): 803-855.
- Oschner K.N., Bunge S.A., Gross J.J., Gabrieli J.D.E. (2002). Rethinking feelings: an fMRI study of the cognitive regulation of emotion. *J Cogn Neurosci*, 14: 1215-1229.
- Salamone J.D., Correa M., Farrar A., Mingote S.M. (2007) Effort-related functions of nucleus accumbens dopamine and associated forebrain circuits. *Psychopharmacology*, 191:461-482.
- Takahashi H., Matsuura M., Koeda M., Yahata N., Suhara T., Kato M. & Okubo Y. (2008) Brain activations during judgments of positive self-conscious emotion and positive basic emotion: pride and joy. *Cerebral Cortex*, 18: 898-903.
- Young S.N. (2007) How to increase serotonin in the human brain without drugs. *Rev Psychiatr Neurosci*, 32(6):394-399.



Mindfulness-based Interventions for People with Chronic Pain

Miss Emma WONG

Clinical Psychologist

It is well-known that Cognitive Behavioral Therapy (CBT) is one of the treatment modalities for people suffering from chronic pain. It mainly aims at changing people's unhelpful beliefs and behavioral patterns so as to adopt a more helpful way of thinking and behavior, and to improve their general functioning and quality of life.

However, the negative views of pain experience may be so overwhelming that peoples often respond with distress and avoidance to their own negative experiences, such as the physical, cognitive, and emotional aspects of depression or anxiety. When peoples with chronic pain respond this way, their overall level of distress may increase, they may struggle to avoid their emotional experiences, and their daily functioning may decrease. The fear of negative experience itself may impact the emotional distress in chronic pain and that processes of acceptance, mindfulness, and values-based action may reduce this effect (McCracken & Keogh, 2009).

Mindfulness is a way of paying attention non-judgmentally to any or all experiences occurring at the present moment. Unlike CBT, mindfulness-based intervention makes no attempt to change the content of negative thinking, but to change the relationship between the person and his/her own thoughts, feelings as well as body sensations. Repeated practice in noticing, observing with interest and compassion, and decentering helps people to realize their thoughts, emotions and sensations are just thoughts, emotions and sensation that change from time to time, not "truth" or "me" . Thus, they are not being absorbed in the content of thoughts. This leads to breaking down of the old association between negative mood and negative thinking that normally triggered by chronic pain. Mindfulness helps people with chronic pain see the pain not equivalent to suffering but to notice the ongoing stream of internal and external stimuli as they arise and cultivate non-judgmental pain acceptance. People may have their own choice to choose whether to engage with or not to engage with those thoughts and emotions arise from their experiences.

Mindfulness interventions have been demonstrated to be beneficial for a number of psychological and physical conditions such as chronic pain, depression, anxiety, addictions and personality disorder (Baer, 2003). Jon Kabat-Zinn at the Center for Mindfulness, University of Massachusetts Medical School developed an eight-week programme called Mindfulness-based Stress Reduction (MBSR) in 1979, for populations with a wide range of chronic pain and stress-related disorders. Participants of MBSR demonstrated positive changes in brain function and immune response (Davidson et al., 2003). Zindel Segal, Mark Williams and John Teasdale developed the Mindfulness-based Cognitive Therapy (MBCT) based on Jon Kabat-Zinn's MBSR. MBCT was designed specifically to help people who suffer repeated bouts of depression. The UK *National Institute of Clinical Excellence* (NICE) has recently endorsed MBCT as an effective treatment for prevention of relapse.

Reference

- Baer, R. A. (2003). Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review. *Clinical Psychology: Science and Practice*, 10(2), 125-143
- Davidson, R.J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S.F., Urbanowski, F., Harrington, A., Bonus, K. , Sheridan, F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 65, 564-570.
- McCracken, L. M., & Keogh, E. (2009). Acceptance, Mindfulness, and Values-Based Action May Counteract Fear and Avoidance of Emotions in Chronic Pain: An Analysis of Anxiety Sensitivity. *The Journal of Pain*, 10(4), 408-415.



Pain as the Fifth Vital Sign in Hong Kong Public Hospitals

Miss C.M. CHANG

APN (OT), Tuen Mun Hospital

From mid-90's, the concept of "Pain as the fifth vital sign" was adopted by the American Pain Society in order to increase the awareness of the need for pain assessment and treatment for patients among health care professionals. It emphasizes pain assessment should be a routine measurement in addition to blood pressure, pulse, temperature and respiration. Is it the same situation in Hong Kong?

The editorial committee of Hong Kong Pain Society Newsletter completed a brief survey on "Pain as the fifth vital sign in Hong Kong Public hospitals" by sending a 5-question-survey to 11 public hospitals in 7 HA clusters. All hospitals are major acute hospitals and at least one hospital from each cluster is chosen. A total of 10 out of 11 hospitals replied, and all 10 hospitals have introduced the concept of "Pain as the fifth vital sign" since 2005. Furthermore, all hospitals have implemented Admission pain assessment when patients are admitted to hospital. However, some clinical units include psychiatric, neurological, obstetric, paediatric and intensive care units in some hospitals have not implemented such practice. Regular pain assessment during hospital stay is an important. However, only 1 hospital has such practice.

In conclusion, as a pain nurse, it is encouraging to note that health care professionals are putting some emphasis on pain assessment and beginning to recognize pain as an important clinical entity. Also, their effort in standardization of pain assessment tools and integration of pain as one of the vital signs to be documented will facilitate early detection and speedy pain management.

Reference

Royal College of Nursing. Pain: the 5th vital sign. Available from [http://rcn.org.uk/development/communities/rcn_forum_communities/practice_nurses/n ...](http://rcn.org.uk/development/communities/rcn_forum_communities/practice_nurses/n...) Accessed 21 May 2009

State of California Board of Registered Nursing. Pain assessment: the fifth vital sign. Available from <http://www.rn.ca.gov/pdfs/regulations/npr-b-27.pdf>. Accessed 21 May 2009

American Pain Society <http://www.ampainsoc.org>

US Black Box Warning on Dextropropoxyphene Combination

Following the Medicines and Healthcare products Regulatory Agency of United Kingdom who had removed the license for co-proxamol on December 2007¹, the dextropropoxyphene now carries a Black Box Warning in the US in 2009^{2,3}. The Food and Drug Administration (FDA) warns that "Propoxyphene should be used with extreme caution, if at all, in patients who have a history of substance/drug/alcohol abuse, depression with suicidal tendency, or who already take medications that cause drowsiness (e.g., antidepressants, muscle relaxants, pain relievers, sedatives, tranquilizers). Fatalities have occurred in such patients when propoxyphene was misused." In parallel, countries such as Australia and New Zealand^{4,5} have taken similar initiatives to caution on its usage.

Reference

1. MHRA withdraws the pain killer co-proxamol Press release, Jan 21, 2005.

2. Dextropropoxyphene, <http://en.wikipedia.org/wiki/Dextropropoxyphene>

3. Darvon N Prescribing Information WebMD [http://www.webmd.com/drugs/drug-4998-Darvocet-N+100+Oral.aspx?drugid=4998&drugname=Darvocet-N+100+Oral#precautionsDarvon N](http://www.webmd.com/drugs/drug-4998-Darvocet-N+100+Oral.aspx?drugid=4998&drugname=Darvocet-N+100+Oral#precautionsDarvon-N)

4. MedSafe New Zealand Medicines and Medical Devices Safety Authority. Information For Health Professionals, Prescriber Update Articles on Dextropropoxyphene-paracetamol Combination Products and Risk of Overdose. October 2006.

5. Prescribing Information of Capadex and Paradex (available in Australia and New Zealand)

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References:

1. Cymbalta Summary of Product Characteristics
2. Fishbain DA et al 2008; J Pain Symptom Manage 2008;36:639-647
3. Pritchett, et al. Pain Med. 2007 (8);5:397-409
4. Wernicke JF, Neurology 2006;67:1411-1420
5. Armstrong, et al. Pain Med. 2007 (8);5:410-418
6. Robinson M, et al. Presented at 8th International Conference on the Mechanisms and Treatment of Neuropathic Pain:Nov 5, 2005:San Francisco, CA
7. Raskin J, et al. Pain Medicine 2005;6:346-356
8. Dunner D et al. Poster presented at 45th annual meeting of the American College of Neuropsychopharmacology. Dec 3rd, 2006

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Hong Kong Pain Society Activities Report

26 September 2008 - Workshop on Lumbar Spinal Injection

A conjoint meeting co-organised by HKPS with Dept of Orthopaedics & Traumatology, held at the AHNH and discussed topics on providing continuum of care for chronic low back pain. Dr Georg Michael Hess (Germany), Dr MC Chu (PWH), Dr Edmond KN Chung (AHNH) and Dr KO Kwok (PWH) were invited as speakers.

3 October 2008 - Global Year Against Cancer Pain Press Conference

Dr PP Chen (AHNH), Dr Annie Kwok (OLMH) and Dr Rico Liu (QMH) gave talks and shared experience in managing cancer pain. Reports on the Press Conference were published in several local newspapers. The efficacy of different modalities of cancer pain treatment and experience of treating cancer pain patients were shared with the participants. It was a collaborative project with HKPS, HK Hospice Nurses' Association (HKHNA), Society for Promotion of Hospice Care (SPHC), and HK Society of Palliative Medicine (HKSPM).





Hong Kong Pain Society Activities Report

11-12 October 2008 - Hong Kong Pain Society Annual Scientific Meeting 2008

The HKPS ASM started with pre-conference workshop held at QEH (Interventional Management for LBP) , and course and seminars at Eaton Hotel (Principles of Pain Management, Update on Physiotherapy Management on LBP), followed by a 1.5-days conference held at the Eaton Hotel. Prof Christopher Maher (Australia), Dr Leonard Li (HK), Prof Ji-sheng Han (Beijing), Dr Roger Goucke (Australia), Prof David Currow (Australia), Prof Ramani Vijayan (Malaysia) were invited for plenary lectures. Symposium sessions dedicated on Acute Musculoskeletal Injury, Pain Syndromes, Pharmacological Approaches in Pain Management, and Interventional Pain Management were delivered by local faculties and overseas speakers. The audience all enjoyed the educational event embraced with relaxing atmosphere.





Hong Kong Pain Society Activities Report

10 December 2008 - Traditional Chinese Medicine and Pain Management

The Pain SIG Meeting was co-organised by HKCA and HKPS and held at the Sheraton HK & Towers Hotel. Dr Vivian Taam Wong (Advisor on Integrative Medicine, HOCS), Prof Liu Wu Li (Chinese practitioner, TWGH), Mr CH Man (Physiotherapist, UCH) and Dr Regina Choi (ANA, UCH) were invited to discuss theory behind traditional Chinese medicine for pain.



6 December & 10 January 2009 - Public Talk on Cancer Pain Management

Co-organised by HKPS, HKSPM, SPHC and HKHNA held at the Auditorium at the Christian Family Service Centre, Duke of Windsor Social Service Building, where Dr Annie Kwok (OLMH), Ms Ellen Yeung (RHTSK) and Ms Damaris Hung (QMH) were invited to talk to audience on managing cancer pain.



Hong Kong Pain Society Activities Report

6 March 2009 - Symposium on Peripheral Nerve Injury and Its Disorder

The 2nd annual symposium of HK Society of Hand Therapy held at the Prince of Wales Hospital invited Dr Rosen Birgitta (Malmo University Hospital, Sweden), Dr PP Chen (AHNH), Ms Chen Yueh Hsia (Taiwan), Mr Arthur Szeto Tai Ching (PWH), Mr Leo Chan Choi Hung (QEH), 郭元琦主任中醫師(POH). Topics discussed include rehabilitation of peripheral nerve injuries, neuropathic pain management, nursing management and sensory evaluation. The HKPS collaborated with HKSHT and supported the meeting.

28 March 2009 - Global Day Against Cancer Pain Meeting: Problem Based Learning Seminar on Cancer Pain Management

A three-hours problem based seminar for health workers on Cancer Pain held at the Eaton Hotel invited speakers from multidisciplinary, namely, Dr KH Wong (QEH), Dr Carmen Leung (QEH), Dr SJ Shu (QEH), Dr Annie Kwok (OLMH), Dr Tracy Chen (CMC), Dr MS Law (UCH), Dr Rico Liu (QMH), Ms Damaris Hung (QMH). Different modalities of pain management in selected cancer pain cases were discussed. It was co-organised by HKPS, HKSPM, SPHC and HKHNA.



16-17 May 2009 - Acupuncture in Pain Management

It was a 2-days symposium held at the Hospital Authority building and co-organised by the Hospital Authority, HK Association for Integration of Chinese-Western Medicine (AICWM), Guangdong Provincial Hospital of Chinese Medicine (GPHCM), Guangdong Provincial Academy of Chinese Medical Sciences (GPACMS), Guangdong Provincial Association of Acupuncture and Moxibution (GPAAM) and Guangdong Provincial Association of Chinese Medicine (GPACM). Speakers delivered keynote and scientific sessions on head and neck pain, back and joint pain, limb pain, internal organs pain, neuropathic pain and miscellaneous pain. The HKPS was also a co-organiser and supported the conference.



Hong Kong Pain Society Activities Report

30 June 2009 - Management of Diabetic Neuropathic Pain (dancers and musicians)

A conjoint meeting with the Society of Anaesthetists HK held at the InterContinental Hotel. Dr Jacqueline Yap (AHNH) gave an overview on the management of diabetic neuropathic pain in general, and Dr Vladimir Skljarevski (US) to focus on pharmacological options in treating DNP.

Global Year Against Cancer Pain RTHK Education Programme 2008

A series of talk shows broadcasted on RTHK co-organised by the HKPS, HKSPM, HKHNA and SPHC listed as follows.

16 October 2008 - Cancer Pain

Speakers: Dr KH Wong (QEH), Dr Theresa Li (QEH)

23 October 2008 - Palliative Care

Speakers: Dr KK Lam (TMH), Ms Ellen Yeung (RHTSK)

30 October 2008 - Pain in Artistic Performers (dancers and musicians)

Speakers: Dr TY Chui (HHH), Ms Lam Lam (QMH)

6 November 2008 - Pain in Athletes

Speakers: Dr Carina Li (HKSH), Dr Amy Fu (PolyU)

Council 2009-2011



Seated (L-R): Phoon Ping CHEN, Steven WONG Ho Shan, Tak Yi CHUI (**President**), Mary CHU

Standing (L-R): Theresa LI, Raymond CHEUNG Tak Fai, Annie KWOK Oi Ling, Kam Hung WONG, Alex CHOW, Carina LI Ching Fan, Gladys CHEING, Kin Hing NGAN

Absent: Anne CHAN Miu Han, Angela LEE



Hong Kong Pain Society Conference Grant

From time to time, the Hong Kong Pain Society may invite applications from its members to apply for HKPS conference grants to attend local or overseas academic conferences. It is open for application now. Detailed information can be found at HKPS website.

Report on 12th World Pain Congress at Glasgow, 17th to 22nd August 2008

Miss HO Oi Lam, Lydie

Physiotherapist, Tuen Mun Hospital

Thanks to the Hong Kong Pain Society, I was given the opportunity to join the 12th World Congress on Pain on August 17-22, 2008 Glasgow, Scotland. I was excited to attend such a big international conference with 6,000 participants. During my 6 days in the conference, I could enhance my skills in the management for both acute and chronic pain. I could be given opportunities to discuss with international researchers on current research and therapies in various areas. This certainly equipped me to be an all-rounded physiotherapist.

Different areas of pain conditions were covered in the congress. These included psychology of pain, chronic pain, neuropathic pain, low back pain, cancer pain, pain in children, women and elderly as well as pain in the developing worlds. I gained lots of new insights for the mechanism and management of pain from all kinds of researches in the world. Besides, I was so delighted that I met lots of friends from all around the world. I felt so excited to discuss the pain researches with these enthusiastic professionals all around the world, and this broadened my cultural experiences.

I am so grateful to the Hong Kong Pain Society for giving me such generous support and such an enjoyable and memorable experience in my career life. I hope to utilize all the knowledge I have acquired practicing on my patients. I hope I can further pursue my career in more pain research and development.

Dr. CHEUNG Chi Wai

Clinical Assistant Professor, Department of Anaesthesiology, The University of Hong Kong

Firstly, I would like to express my gratitude to the Hong Kong Pain Society for offering me the conference grant to attend the 12th World Pain Congress 2008 that was held at Glasgow, United Kingdom from 17th to 22nd August 2008.

My main objective of attending this congress was to present my research results as poster presentation on "The Preventive Analgesic Effect of Dexmedetomidine in Third Molar Surgery under General Analgesia". The presentation was well received and it was overall a successful presentation. Peoples from different faculties shared their views with me on my study. The practice of using dexmetetomidine at different centers was also discussed. Most of the comments on my studies were positive. There were over 150 papers presented in form of poster presentation each day during the meeting period. I also read many research papers by counterparts from different countries on different areas of pain medicine. Many research ideas, methodologies, findings were original and interesting.

The plenary sessions were presented by well known speakers from over the world. It is no doubt that there was much to see and learn from these sessions. In addition, lectures and workshops were organized and arranged according to different areas on pain medicine. Important points were highlighted and their own valuable experience was shared. Some sessions were interactive, which helped to induce fruitful discussion.

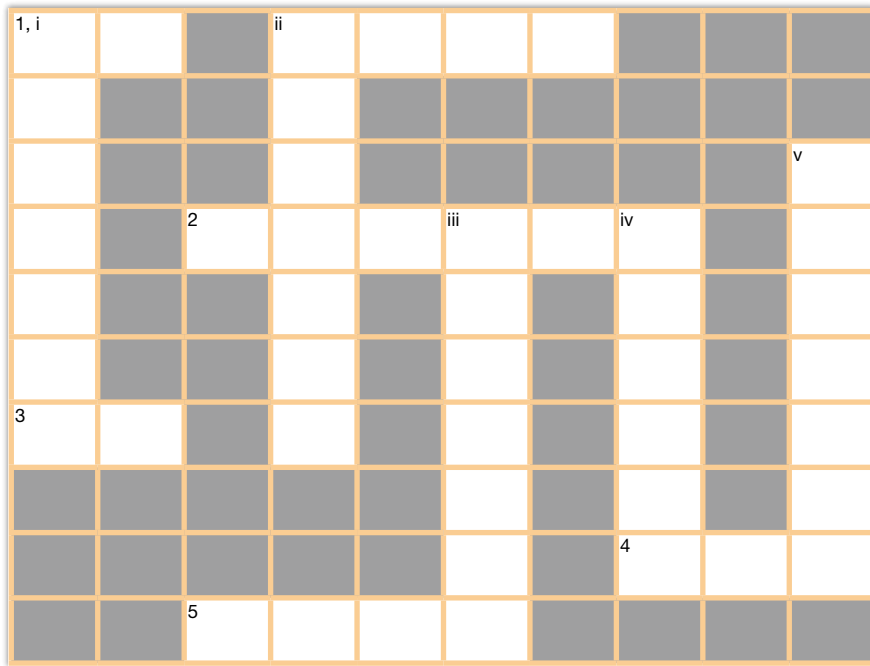
The congress did not only help me to understand recent study and achievements in pain medicine, but also help to realize that this subject is in fact still undertreated or not stressed in underdeveloped and developing countries. Our effort was made to address pain management is part of humanism.

There was diversity in nationalities of attendees. The congress served as a platform for professionals from different countries to meet, build relationship and most important of all, it fosters communications and exchange of ideas to promote the development of pain medicine.

I believe that attending international conference is essential for the development of pain medicine in Hong Kong, in a sense that to keep our professional level up to global standard. It also broadens one's horizon and help personal development. The conference grant from Hong Kong Pain Society is needed and much appreciated.



Crossword Game



Across:

1. The president of the Hong Kong Pain Society from 2007-2009.
2. A route of administration of drug. It is commonly used by anaesthetists in regional anaesthesia.
3. One kind of opioid receptor, apart from kappa, delta, sigma and epsilon receptors.
4. In assessment of low back pain, we need to look for _____ flags for serious disease. Patients with these risk factors should be investigated appropriately and referred if investigations are abnormal.
5. A psychological questionnaire that consists of 14 questions to assess anxiety and depression in patients.

Down:

- i. _____ limb pain is defined as pain in an absent body part e.g. after limb amputation.
- ii. _____ regional pain syndrome is continuing pain, which is disproportionate to any inciting event. It is characterized by sensory (hyperesthesia, allodynia, hyperalgesia), vasomotor (temperature+/- skin colour asymmetry), sudomotor/ oedema and motor/trophic change. There is no other diagnosis that better explain the sign and symptoms.
- iii. Neuropathic pain is defined as pain initiated or caused by a primary lesion or dysfunction in the _____ system.
- iv. WHO analgesic _____ is a gradual escalation of analgesic medication with respect to pain intensity and response in pain management. It was devised by the World Health Organization for the cancer pain relief and palliative care in 1990.
- v. A type of drug which is commonly used in spinal injection. It is also used to reduce swelling around tumour, block synthesis of cytokine, promote appetite and mood elation and reduce nausea and vomiting in cancer pain management.

The answers can be found at HKPS website after 1 October 2009.

DO YOU KNOW?

.... that the HKPS was originally registered as "The Hong Kong Pain Society Limited". Although HKPS is now a charity, its official name is still "The HKPS Limited". We are in the process of applying for the removal of the word "Limited" in its official title.

....that since its inauguration two years ago, the HKPS has established warm relationships with our sister organizations in China, Guangzhou, Taiwan, South Korea, Australia, Malaysia, Singapore, Thailand, Indonesia, Philippines and United Kingdom, and with IASP.

....that currently, HKPS Council is represented by members from the following disciplines – physiotherapy, occupational therapy, anaesthesiology, neurology, orthopaedic, clinical psychology, rehabilitation sciences, rehabilitation medicine, palliative medicine, oncology.

Triad of Neuropathic Pain

3 Different Problems
1 Simple Solution



●●● Advanced Treatment for Neuropathic Pain

Powerful pain relief as early as after the 1st full day of treatment¹

●●● A New Class for Generalized Anxiety Disorder (GAD)²

Rapid relief of both psychic and somatic symptoms at week 1³

●●● Novel Sleep Architecture Benefits

Significantly reduced sleep onset latency and increased slow-wave sleep proportion compared with placebo⁴



*Symptoms of neuropathic pain

References: 1. Dworkin RH, et al. Neurology 2003;60:1274-1283. 2. Riekels K, et al. Arch Gen Psychiatry 2005; 62:1022-1030. 3. Montgomery SA, et al. J Clin Psychiatry 2006; 67:771-782. 4. Ian Hindmarch, et al. Sleep 2005; Vol 28, No.2. Full prescribing information is available upon request.



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