香港疼痛學會有限公司
Hong Kong Pain Society Limited

NEWSLETTER
3rd ISSUE

December 2011

Message from the **President**

Dear members of Hong Kong Pain Society

This year, we are celebrating the 4th birthday of the HKPS. The excitement in the formation of HKPS is still vivid. As a rehabilitation specialist, I have been working in a multidisciplinary environment mostly and have much interest in the regaining of functioning for patients, despite for some, which will be a very slow process, with a small magnitude and a fluctuating course. It is my greatest honour to work with colleagues with such a variety of professional expertise, enthusiasm and talent, both within the council and beyond. Though the council meetings are sometimes lengthy and we seem to have endless issues to follow up, creative ideas from members had made the long evenings much more interesting.

Apart from the annual scientific meeting and evening talks, we have successfully launched another format of professional education in the form of short courses on special pain topics. In early 2010, we sparked off with a course on low back pain with very encouraging enrolment. As an advocate for appropriate pain management for all, we will further consolidate and enhance our interface with the public through various platforms, e.g. public talks and appearance on various mass media.

With the kind support of the Chinese Association for the Study of Pain, we are officially accepted by the IASP as a local Chapter. As a young local chapter, IASP will offer sponsorship in inviting overseas experts to HKPS educational activities. The relation between the HKPS and our counterparts in China and overseas countries would bring about a more active and wide exchange of knowledge and experience in pain management.

It is my sincere wish that, with the concerted efforts of the council, members and collaborators, HKPS will continue to flourish and play an active role in the promotion of knowledge and practice in pain management in Hong Kong.

Dr Chui Tak Yi
President
Hong Kong Pain Society

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Editor's Note

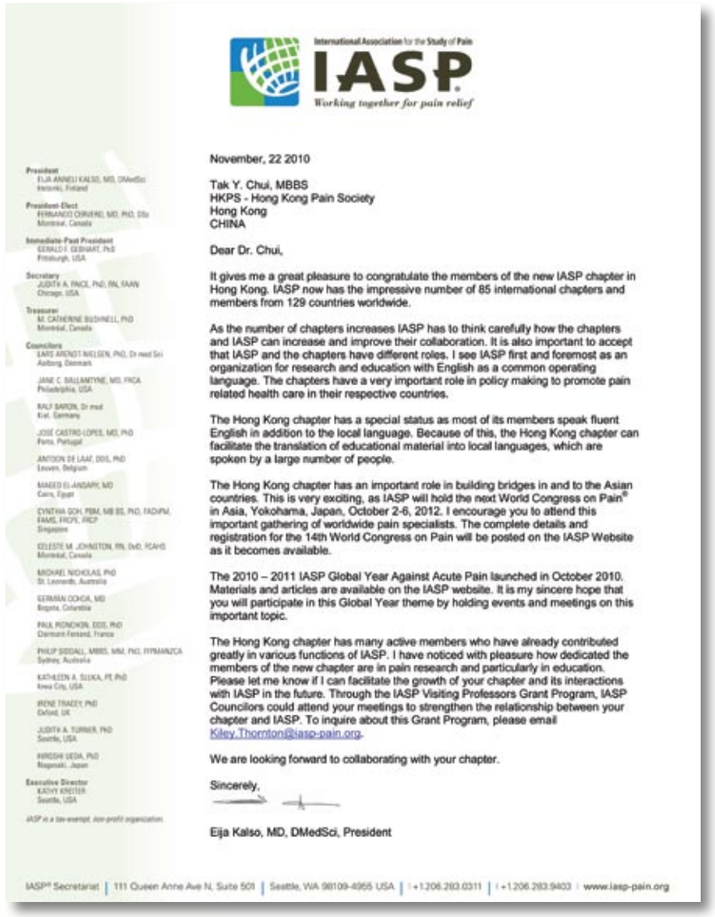
I am delighted to be given the opportunity as the editor of the third edition of Hong Kong Pain Society Newsletter. We are happy to announce that Hong Kong Pain Society has become a new chapter of International Association of the Study of Pain (IASP), which marks a great milestone of our alignment to the international practice of pain medicine We plan to address the issue of pain management from a multidimensional approach. We have arranged a review article addressing the Postsurgical Pain Syndrome, which could be haunting many patients for prolonged period of time after surgery. Pain rehabilitation could be a tedious pathway without help from multidisciplinary teams. Occupational therapists will share with us their experiences in lifestyle coaching, psychoeducation and the use of Qigong in pain rehabilitation program. Perspectives from Chinese Medicine Practitioners should not be overlooked in the worldwide trend of integrating the East and West medicine. In this issue, we are glad to have coverage on the use of acupuncture in controlling pain.

Despite the sky rocketing speed of medical advancement, pain has been troubling human beings for a long history. Managing pain problems could be mind draining and heart sinking for many health personnel. We thereby hope to use this platform to share updated knowledge, latest experience and to offer support for each and every specialty who has been striving their best for better patient care.

"When the going is tough, the tough gets going". Joseph P. Kennedy (1888-1969)

Dr Grace Hui Kit Man
Editor
Hong Kong Pain Society

International Association for the Study of Pain (IASP):
President's message from Dr Eija Kalso



IASP
International Association for the Study of Pain
Working together for pain relief

November, 22 2010

Tak Y. Chui, MBBS
HKPS - Hong Kong Pain Society
Hong Kong
CHINA

Dear Dr. Chui,

It gives me a great pleasure to congratulate the members of the new IASP chapter in Hong Kong. IASP now has the impressive number of 85 international chapters and members from 129 countries worldwide.

As the number of chapters increases IASP has to think carefully how the chapters and IASP can increase and improve their collaboration. It is also important to accept that IASP and the chapters have different roles. I see IASP first and foremost as an organization for research and education with English as a common operating language. The chapters have a very important role in policy making to promote pain related health care in their respective countries.

The Hong Kong chapter has a special status as most of its members speak fluent English in addition to the local language. Because of this, the Hong Kong chapter can facilitate the translation of educational material into local languages, which are spoken by a large number of people.

The Hong Kong chapter has an important role in building bridges in and to the Asian countries. This is very exciting, as IASP will hold the next World Congress on Pain® in Asia, Yokohama, Japan, October 2-6, 2012. I encourage you to attend this important gathering of worldwide pain specialists. The complete details and registration for the 14th World Congress on Pain will be posted on the IASP Website as it becomes available.

The 2010 – 2011 IASP Global Year Against Acute Pain launched in October 2010. Materials and articles are available on the IASP website. It is my sincere hope that you will participate in this Global Year theme by holding events and meetings on this important topic.

The Hong Kong chapter has many active members who have already contributed greatly in various functions of IASP. I have noticed with pleasure how dedicated the members of the new chapter are in pain research and particularly in education. Please let me know if I can facilitate the growth of your chapter and its interactions with IASP in the future. Through the IASP Visiting Professors Grant Program, IASP Councilors could attend your meetings to strengthen the relationship between your chapter and IASP. To inquire about this Grant Program, please email Kiley.Thornton@iasp-pain.org.

We are looking forward to collaborating with your chapter.

Sincerely,

Eija Kalso, MD, DMedSci, President

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Benefits of Chapters and Members

Chapters of IASP are local associations or societies sharing the vision of IASP in collaboration of efforts for pain management throughout the world. IASP will support its fellow chapters by allowing them to benefit from knowledge and expertise of global pain experts. IASP provides Visiting Professor Grant for funding for a single IASP guest speaker at a chapter meeting or event. It also has General Chapter Activities Grant, providing funding for chapter events and/ or projects.

IASP provides its members with benefits of subscription of the renowned journal, PAIN, Pain Clinical Updates and quarterly released IASP Newsletter, discounts on books from IASP Press, and eligibility for IASP grants and fellowships. It allows members to join their 14 Special Interest Groups and registration for World Congress of Pain at reduced rates.

Please visit IASP website for details http://www.iasp-pain.org

Chronic Postsurgical Pain - from an anaesthetist's perspective

Dr Alice KY Man (Private Anaesthetist)

FHKAM, FHKCA, FANZCA, FFPMANZCA, Dip Pain Mgt

As an anaesthetist, I would always ask my patients upon their waking up from surgery, "How do you feel?" Are we concerned about their feelings six months later? Recent paper by Peters revealed a quarter of patients experiencing somatic and psychological deterioration at 6 and 12 months after surgery (1). One of the causes is postsurgical chronic pain. Chronic pain after surgery is defined as pain developed after a surgical procedure, with duration longer than 2 months with other causes for the pain excluded e.g. malignancy recurrence and chronic infection (2).

Postsurgical chronic pain is not uncommon (3). Its incidence ranges from 30-80% for phantom limb pain, more than 50% for thoracotomy, 40% for breast surgery, 30-50% for gall bladder surgery, 30% for inguinal hernia surgery, 5-10% for Caesarean section and 12% after major joint replacement respectively. A variety of syndromes like complex regional pain syndrome, phantom limb pain, post-thoracotomy pain syndrome, chronic donor site pain and post-mastectomy syndromes have been described. Biological mechanisms for persistent postsurgical pain include peripheral sensitization of nociceptors during dissection and tissue inflammation and neuropathic pain caused by nerve injury. Both peripheral and central sensitizations pave way for the development of chronic pain.

Kehlet listed the factors to be considered in the development of persistent postsurgical pain (5).

1. Preoperative factors: psychological factors (e.g. catastrophizing thoughts), pre-existing pain syndromes (e.g. headache) (6), and young age are associated with higher risk (7).
2. Intraoperative factors: recurrent hernia repair (7), type of incision and surgical methods (mesh implantation, location, and minimal invasive surgery), nerve-sparing techniques, intraoperative nerve injury could be contributory factors. Laparoscopic surgery in hernia repair was associated with lower risk of chronic postsurgical pain (8).
3. Postoperative factors: chronic pain may result after uncontrolled postoperative pain, and concomitant chemotherapy/ radiotherapy. After thoracotomy, patients having severe pain on second postoperative day had been shown to have higher incidence of chronic pain (9).

Preventive analgesia, administered throughout the perioperative period, has always been controversial. Recent studies advocate the use of multimodal postoperative analgesic measures (pharmacological and interventional approaches), aiming at minimizing central sensitization. In total knee replacement surgery, pregabalin (caused reduction in incidence of chronic neuropathic pain (10). Unfortunately, in amputation surgery, the beneficial effect of preoperative, intraoperative and postoperative epidural block was not well documented (11). Nerve block or epidural analgesia may not solve the problem totally, taking into consideration of the complex aetiology. However, in Caesarean section, preliminary data showed that patients operated under spinal anaesthesia may have less chronic pain after surgery (12).

In chronic pain management, various pharmacological, surgical, interventional (e.g. nerve block) and psychological approaches are adopted. The importance of sodium, potassium and calcium channel blockers and more recently serotonin and norepinephrine reuptake inhibitors are appreciated for neuropathic pain (13). There is also emerging evidence for surgical mesh removal with neurectomy to ease the neuropathic pain after hernia repair (14). Avoiding unnecessary operations remains the top priority to prevent this problem. Optimizing diabetic control, on the other hand, may help to reduce the need for limb amputation and thus post amputation syndrome. The key success to tackle persistent pain after surgery is raising awareness of this disease entity among health professionals and general public.

Reference

1. M.L. Peters et al. Predictors of physical and emotional recovery 6 and 12 months after surgery. British Journal of Surgery 2010; 97: 1518-1527
2. William Macrae. Chronic Pain after Surgery: Epidemiology and Preoperative Risk Factors. Pain 2008. An Updated Review. IASP Scientific Program Committee. International Association For the Study of Pain
3. Frederick M. Perkins et al. Chronic Pain as an Outcome of Surgery. Anesthesiology 2000;93:1123-33
4. Kehlet et al. Persistent postsurgical pain: risk factor and prevention. Lancet 2006; 367:1618-25
5. Kehlet. Persistent Postsurgical Pain: Surgical Risk Factors and Strategies for Prevention. Pain 2008. An Updated Review. Refresher Course Syllabus
6. Jensen TS et al. Immediate and long-term phantom limb pain in amputees: Incidence, clinical characteristics and relationship to pre-amputation limb pain. Pain 1985; 21: 267-78
7. Kalliomaki ML et al. Long-term pain after inguinal hernia repair population-based cohort; risk factors and interference with daily activities. Eur J Pain 2008; 12:214-25
8. MRC. Laparoscopic groin hernia trial group. Laparoscopic versus open repair of groin hernia: a randomized comparison. Lancet 1999; 354:185-90
9. Mert Senturk. The Effects of Three different analgesia techniques on long-term post-thoracotomy pain. Anesthesia and Analgesia 2002; 94:11-5
10. Asokumar Buvanendran. Perioperative Oral Pregabalin Reduces Chronic Pain After Total Knee Arthroplasty: A Prospective, Randomized, Controlled Trial. Anesthesia and Analgesia 2010: 110:199-207)
11. I.Power et al. Regional anaesthesia and pain management. Anaesthesia 2010, 65 (Suppl. 1), 38-47
12. Nikolalajsen L et al. Chronic pain following Caesarean section. Acta Anaesthesiol Scand 2004; 48: 111-6
13. Tasmuth T et al. Venlafaxine in neuropathic pain following treatment of breast cancer. Eur J Pain 2002; 6: 17-24
14. Henri Vuilleumier et al. Neuropathy after herniorrhaphy: Indication for Surgical Treatment and Outcome. World J Surg 2009: 33: 841-845

Occupational Therapy Management of Chronic Pain – **A Case Illustration**

Hei Yi Wong, Occupational Therapist, United Christian Hospital
Maurice Wan, Occupational Therapist & Department Manager, United Christian Hospital

Chronic pain has evolved from purely physical symptoms into a disease entity with biopsychosocial aspects, disrupting the whole lifestyle of patients (1,2). With conventional Occupational Therapy offering functional training and work rehabilitation, we have developed a Chronic Pain Management Program since 2008, which adopts an integrative approach aiming to enhance the self-efficacy and self-management of patients. It is an eight-session group program which includes teaching of self-management strategies through psychoeducation, coaching for skills of solution-formulation, and practicing Health Qigong (HQG; in the form of *Baduanjin*八段錦) to facilitate inner healing ability (3,4). Research had shown that health qigong (form of *Yijinjing* 易筋經) practice was helpful in reducing pain and depressive features, improving trunk flexibility and functional capacity (5).

Ms K was a schoolteacher suffering from neck and back pain after a fall injury at workplace nine months ago. She was told to have stable condition with unremarkable radiological findings. However, her pain persisted, jeopardizing her endurance in maintaining head postures during daily lives such as when using mouse and reading, rendering her having difficulty in returning to work. Other psychosocial issues were identified such as lack of exercises, limited leisure pursuit, depressive mood. During conventional work rehabilitation, her right upper limb endurance and function were enhanced by remedial activities, simulation and stretching exercise. She was also recruited into the Chronic Pain Management Program. Through psychoeducation, knowledge on activity pacing, skills of negative thoughts dispute methods and stress management were taught to enhance her coping skills and alleviate fearful catastrophizing thoughts. Ms K also learned the HQG (*Baduanjin*), which helps to achieve regulation in mental, postural and breathing functions to promote gaseous exchange, postural correction, muscle stretching, strength building as well as improving mood and concentrations. With a deprivation of work role, she found her life to be hollow and meaningless. Through coaching intervention, Ms K's goals and strengths were identified. She began to schedule daily activities for herself which were within her coping capability, like getting in touch again with her colleagues and friends, going to bookshops, reading and playing piano again with concept of pacing techniques applied. Ms K gradually re-designed her life to adopt a more active and healthy lifestyle.

Lifestyle coaching, psychoeducation and practice of Qigong of Chronic pain management program offered by occupational therapists has been helping chronic pain patients in restructuring their lives to cope with their chronic pan conditions.

Group *Baduanjin* Practice

Individual coaching

Ms K's feedback:

"I appreciate the treatment which has been very helpful. After the injury, I felt that not only the injured parts were in pain but the whole body was de-conditioned. I found Baduanjin very useful as it allowed me to exercise my whole body. The styles were also simple to learn and easy to grasp. After every practice, I felt relief on negative emotions and muscle tension. The coaching also helped me to enhance my coping skills during this period of unexpected vacation. I am feeling not only my pain conditions being improved, but also a change in meaning of my life. I am becoming more hopeful and more confident now."

References

1. Miu DK, Chan TY, Chan MH. (2004) Pain and Disability in a group of Chinese elderly out-patients in Hong Kong. Hong Kong Med J 2004;10(3):106-5
2. Nicholas M., Molloy A., Tonk L & Beeston L. (曾煥彬、馬連等譯2006)《痛症自理》中文大學出版社
3. 呂鴻基、張永賢、林宜信 (2006) 傳統醫學與現代醫學在慢性疼痛診療的對話臺北市：行政院衛生署中醫藥委員會
4. 趙立軍(2007)習練易筋經治療腰肌勞損臨床觀察北京中醫2007年10月第26卷10期
5. Lansinger B, Larsson E, Persson LC, Carlssom JY. Qigong and exercise therapy in patients with long term neck pain: a prospective randomized trial. Spine 2007;32(22): 2415-22

常見痛症的針灸處理方法

早在二千多年前的《黃帝內經》中已有針灸治療疼痛的相關記載。就痛症的表現不同、成因不同、部位不同，針灸所使用的方法也會隨之而不同。簡單而言，「不通則痛」、「不榮則痛」是兩種常見痛症的成因。

首先，氣機不利、瘀血阻絡可導致「氣血不通」，例如情緒欠佳或外傷扭挫傷等所引起的痛症屬此範疇。一般表現痛處多為固定的部位，按之痛甚，以刺痛、脹痛為主。在中醫治療上可在痛點循行的經絡之上針刺一些行氣活血的穴位，配以「瀉」的手法來施針。《黃帝內經》記載：“ 凡用針者，虛則實之，滿則泄之，菀陳則除之，邪盛則虛之。 ” 意思就是說當脈道不通，氣血運行受阻、瘀滯不行時，針灸可以通調脈道、活血化瘀，使氣血運行通暢。另，《黃帝內經》曾提及：“ 絡刺者，刺小絡之血脈也。 ” 所指的是刺絡放血的方法，醫者用三棱針、梅花針或其他針具在人體特別部位的淺表血管放出少量的血液，再加以拔罐，使血脈中鬱積的病邪從而排出，以達行氣活血之效。此亦屬於針灸療法的傳統治療方法之一。

其次，氣血不足、肝腎虧虛、經脈失養可導致「氣血不榮」，「榮」具有溫煦、濡潤、榮養的意思，例如筋脈勞損或老人家退行性病等變所引起的痛症屬於「不榮則痛」的範疇。一般表現為酸痛麻痺，按之痛減，喜溫、喜按。在中醫治療上可在痛點循行的經絡之上針刺一些補氣補血的穴位，配以「補」的手法來施針。又或者可用火針或溫針艾灸的方法，在補益氣血的穴位上放置艾粒，以艾之溫通來緩減痛楚。艾之使用，可溫針，可直接灸，亦可隔薑、隔鹽或隔著某些中藥來操作，要視乎不同的病情來決定。當陽氣不足，氣血運行無力時，艾灸可以起到鼓舞陽氣，從而改善致痛的病理變化，起到治痛的作用。

《黃帝內經》有云：“ 刺之要，氣至而有效 ”。針刺的過程中，患者感覺到局部或循經的穴位酸麻重脹，這叫做「得氣」。通過「得氣」，能夠促進局部血液循環，調整機體功能的平衡，提高機體免疫力，增強內臟組織功能。以上提及到兩個痛症的主要病機，不一定全然分開出現，兩者或可同時出現，又或者在痛症的發病過程中，相互影響著，如氣虛可導致血瘀，瘀滯鬱積日久可引致血虛筋脈失養。所以，在治療時須把發病機理把握準確，才能對症下藥。

仁愛堂綜合中醫診所暨
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註冊中醫師
劉凱怡

Hong Kong Pain Society Major Events 2010

HKPS AGM on 22 Nov 2010

The AGM symposium of Hong Kong Pain Society was held on 22nd Nov 2010, chaired by Dr Steven Wong. We were honored to have Dr KE Khor, head of the Pain Management Department at the Prince of Wales Hospital (PWH) at Sydney, enlighting us on the topic of “Critical review of the Clinical Application of Interventional Pain Management in Low Back Pain”. As there have been lacking evidence of interventional procedures on relieving non-specific low back pain, multi-disciplinary care was of utmost importance. On subsequent session, Ms Judy Chen, a senior physiotherapist at the PWH at Sydney, talked on “The Anatomic and Pathophysiologic Basis for Physical Therapy in Low Back Pain”. She elaborated on the role of truncal muscles, such as transversus abdominis, erector spinae muscles, on the pathogenesis of LBP. Correction of inappropriate muscle coordination during movements may contribute much to relief of non-specific low back pain. Expertise and knowledge the speakers on the topic, and the didactic atmosphere of the symposium were highly appreciated by audiences.

Dr K E Khor

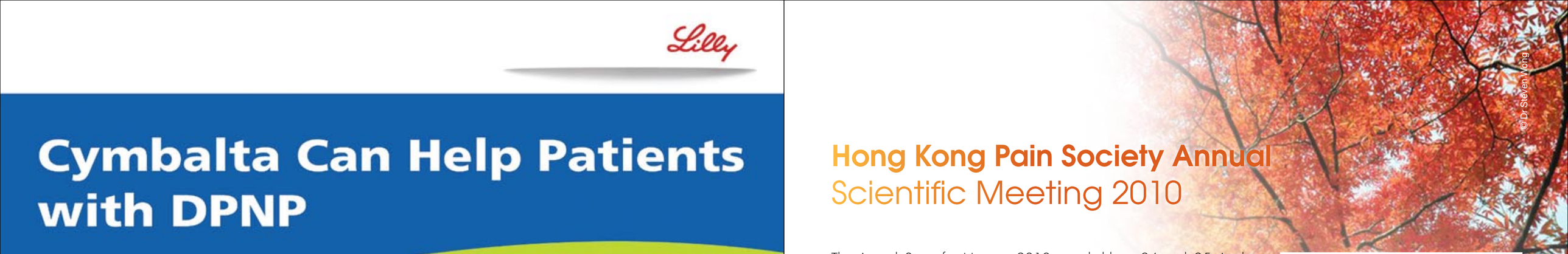
Ms Judy Chen

Pain Education Series : Practical management of the pain in the neck

Date: 5 Mar, 12 Mar, 19 Mar, 26 Mar 2010

Our society had organized a series of four lectures on Practical Management of Pain in the Neck, in March 2010. Comprehensive lectures were delivered by orthopaedic surgeons, pain physicians, physiotherapists and occupational therapists. Small group discussion facilitated sharing of experience amongst the participants. The series were well received by 167 attendees, comprising of doctors, nurses and allied health colleagues. More than 94% of respondents felt that the activities were helpful to enhance their knowledge in neck pain, assisting them in daily clinical practice.

Dr MS Law
Educational Committee



Hong Kong Pain Society Annual Scientific Meeting 2010

The Annual Scientific Meeting 2010 was held on 24 and 25 April 2010 at Intercontinental Grand Stanford Hotel, Hong Kong. A total of 340 participants registered in the event and the theme for this meeting is "Unraveling the Mystery of Pain". It was our honour to have 4 keynote speakers from overseas including Professor Troels Jensen from Denmark, Dr. Gerald Aronoff from USA, Dr Fiona Blyth and Dr. Murray Taverner from Australia. Also, we had 20 other local speakers giving us a comprehensive overview of various aspects of pain medicine. This meeting provided an excellent opportunity for clinicians or researchers from various disciplines to share their knowledge and experience in pain management.

There were 6 sub-themes for the conference namely: Neuropathic pain management; Traditional Chinese Medicine therapeutics in pain management; New insights in pain management; Conquering disabling low back pain; Managing musculoskeletal pain conditions in lower extremities; and Total care in cancer pain management.

Apart from the Annual Scientific Meeting, we had a total of 4 pre or post-meeting workshops entitled, Interventional workshops on radiofrequency techniques for discogenic back pain, sacroiliac joint pain and arthritic knee pain; Assessment of neuropathic pain in primary care; The myth of symptom exaggeration and malingering; and Prognostic factors in chronic pain: who will do better and who will not.

I would like to express my sincere thanks to the members of the Organizing Committee for their hard work in making this event a great success.

Dr Gladys Cheing
Chairlady
HKPS Annual Scientific Meeting 2010

Council members of HKPS, organization committee & keynote speakers for the ASM 2010

Dr TY Chui, Dr Fiona Blyth, Prof Troels Jensen and Dr Gladys Cheing

Dr Gerald Aronoff, Dr Steven Wong, Prof Mike Irwin

Annual Dinner 2010 for Hong Kong Pain Society

Report on the Symposium on Interventional Radiofrequency Therapy for Back Pain 5-6 June,2010

The Symposium on "Interventional Radiofrequency Therapy for Back Pain", sponsored by Joinhands Tech, was co-organized by the Hong Kong Neurosurgical Society and the Hong Kong Neurosurgery Spine Interest Group and Hong Kong Pain Society at the Minimally Invasive Centre, Union Hospital, Hong Kong.

Overseas experts Dr. Chao-jan Wang, a neurosurgeon pioneering radiofrequency therapy in Taiwan, and Dr. Han Latta, an orthopaedic surgeon leading a pain clinic in Austria, together with local neurosurgeons and pain specialists were invited as the faculty. The symposium was well attended by over 40 participants from the field of anaesthesiology, neurosurgery, orthopaedics and family medicine.

The first day of the two-day program began with lectures on radiofrequency therapies for back pain, following by live demonstration of lumbar facet joint radiofrequency neurolysis and intervertebral disc biacuplasty, during which audiences had real time interaction with the operating clinicians at the video conference. The day was concluded with a panel discussion on challenging cases. On the next day, small group hands-on workshops of radiofrequency techniques on phantom models were led by our overseas faculty at the Heart Centre and Imaging Centre.

This was a good occasion where different specialists could exchange their knowledge and experience on a specific modality of pain management. Our Society would like to thank our colleagues of the Hong Kong Neurosurgical Society and the Hong Kong Neurosurgery Spine Interest Group, especially Dr. Joseph Lam, for his kind invitation for such a meaningful project. We are looking forward to more future collaborative opportunities.

Dr Steven Wong
Vice-President
HKPS

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Event calendar **2011**

Date	Meeting	Organization	Place
7 & 14 Jan	Practical management of headache	Hong Kong Pain Society	Hong Kong
Jan 14 -Jan 16	Hong Kong International Acupuncture Conference	Hospital Authority/HK Association for Integration of Chinese-Western Medicine	Hong Kong
Mar 18 - Mar 20	International Symposium on Spine and Paravertebral Sonography for Anaesthesia and Pain Medicine 2011	Department of Anaesthesia & Intensive Care, The Chinese University of Hong Kong	Hong Kong
Apr 29 - May 1	6th WIP World Pain Congress	World Institute of Pain	Seoul
May 12	HK Pain Society Annual Scientific Meeting	Hong Kong Pain Society	Hong Kong
May 13	Faculty of Pain Medicine Refresher Course	Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists	Hong Kong
May 14 - May 17	Combined Scientific Meeting 2011	Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine and Hong Hong College of Anaesthesiologists	Hong Kong
Jun 12 - Jun 16	31st Annual Scientific Meeting 2011	Australian Pain Society	Darwin
Nov 17 - Nov 20	2011 Annual Pain Medicine Meeting and Workshops	American Society of Regional Anesthesia and Pain Medicine	New Orleans
Mid Dec	2011 Multidisciplinary Musculoskeletal Ultrasound Symposium on Pain Management	Division of Pain Medicine, Dept of Anaesthesiology, Hong Kong Sanatorium and Hospital	Hong Kong

HKPS Conference Grant

Regular and life members of HKPS are invited to apply for conference grant to attend international conference related to pain management, preferably involving multidisciplinary participation. The grant will cover registration fees and return economy air-passage with maximum of HK$10000. Visit HKPS website http://www.hkpainsociety.org for details.

Notice on HA Pain Booklets

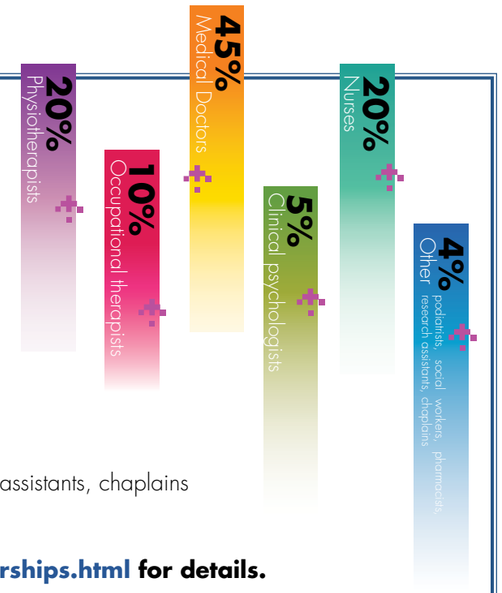
Members of healthcare sectors are welcome to get free copies of the pain information booklet from Hospital Authority to promote public health education in pain management.

What do we know about our members?

Membership Profile

We currently have more than 200 members in our society:

45% medical doctors
20% nurses
20% physiotherapists
10% occupational therapists
5% clinical psychologists
4% others: podiatrists, social workers, pharmacists, research assistants, chaplains



Please join our large family.
Please see http://www.hkpainsociety.org/memberships.html for details.

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 treatment[1]

A New Class for Generalized Anxiety Disorder (GAD)[2]
Rapid relief of both psychic and somatic symptoms at week 1[3]

Novel Sleep Architecture Benefits
Significantly reduced sleep onset latency and increased slow-wave sleep proportion compared with placebo[4]

*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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