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President's Message

Dear Colleagues and Friends

I wish you a very warm welcome to the first issue of the Hong Kong Pain Society's Newsletter. Under the Editorial leadership of Dr Cheung Chi Wai, the Newsletter is now a reality. Through the Newsletter we hope to keep our members and friends informed of the Society's activities and education programmes, as well as progress in pain medicine research and clinical management. The Newsletter will also be a medium where we learn more about the needs of our members.

The Hong Kong Pain Society (HKPS) is a multidisciplinary society with representations from different medical specialties and healthcare disciplines. HKPS aims to advance professional knowledge and expertise in managing pain through education, training and research; and aspires to promote public understanding towards pain and a positive attitude to persons with pain. HKPS was incorporated on the 9 September 2006, and inaugurated on 17 October 2006 to coincide with Global Day Against Pain in the Older Persons 2006-2007. Our Foundation Council included members from different healthcare disciplines who have similar desire to promote a multidisciplinary approach and ownership in the fight against the global menace - PAIN.

Over the last 2 years, HKPS has gone through rapid growth with numerous activities that are mentioned below. I would like to express my gratitude to all past and present Council members, and HKPS members who have participated in HKPS activities as convenors, coordinators, speakers and participants. Your support and participation are appreciated and essential. I also wish to express my thanks to our Honorary Legal Advisor, Mr Bronco But, Honorary Auditor, Dr Patrick Wong Lung Tak, Honorary Accountant, Ms Edwina Ho and Honorary webmaster, Dr Simon Chan Siu Man for their time, effort and contributions. Finally if you have any suggestion and idea that you wish to share, and if you are interested in participating or helping out with Society's activities including this Newsletter, I welcome you to get in touch with us. You can do that through email or just come to our next scientific meeting and chat with our Council members. See you there!

Dr. PP Chen

President

Hong Kong Pain Society

August 2008

Note from the Editor

It is my pleasure to announce the birth of the Newsletter of the Society. It has been my great honour to be the Editor of the Newsletter. The Society serves its purposes and functions well since its establishment in 2006. It is hoped that the Newsletter would further rally our effort in supporting the Society.

One of the main objectives of the publication of the Newsletter is to facilitate communication and collaboration among various specialty groups involving pain management, so as to bring this specialty to another professional level. It also serves to enhance the exchanges and dissemination of the latest scientific advancement of pain management, including development of relevant technologies, techniques and medicine. In the publications, it is also expected to provide members with a glimpse of the past and coming events organized by the Society.

The Newsletter will certainly act as a tool for communication among us all. Apart from those mentioned above, we also welcome your views and opinions concerning the Newsletter itself. We hope that this initiative would be a rewarding one. Submit your entry now!

Thank you.

Dr. Cheung Chi Wai
Editor
Newsletter of Hong Kong Pain Society



“*"The sprouting green shoot symbolizes the restoration of function that the Hong Kong Pain Society aims to bring about in persons with pain through its mission and objectives. The heart over the green shoot reflects the care and commitment of its members from different disciplines in managing persons with pain."*

- 萌芽中的綠色幼苗象徵著功能的恢復，是香港疼痛學會希望透過她的使命及目的帶給痛患者的
- 在幼苗上的心反映不同專科的學會成員對痛患者的關切及承諾 ”

Logo Design by Ms MA Man Ki

Scientific Update

Persistent Pain: A Disease Entity Lecture by Prof. Michael Cousins 13th May 2008

Summarised by Dr. Peggy Li
Associate Consultant
Department of Anaesthesia and Intensive Care
Prince of Wales Hospital

In the first conjoint symposium organised by the Hong Kong College of Anaesthesiologists and Hong Kong Pain Society, Professor Michael Cousins from Royal North Shore Hospital, Australia, presented an insightful overview of persistent pain as a disease entity.

Prof. Cousins began by highlighting the economic impact of persistent pain on the society. Recent economic analysis revealed that the high prevalence of chronic pain (1 in 5 in Australia) and its related disability is associated with reduction in productivity of the workforce and significant burden on the health care system. It was indeed amongst the top five of costly health conditions.

Persistent pain is regarded as a disease when the primary pain-related pathology becomes independent of the initiating disease process, self-perpetuating and continuing beyond resolution of the initiating disease state. Persistent pain is often a result of a combination of biological, psychological and social problems. With the advancement in neurophysiology and molecular biology over the years, we have come to understand more about the pathology of persistent pain. At the peripheral level, damage to the peripheral nervous system such as formation of neuroma and demyelination, peripheral sensitisation and abnormal ectopic discharge would cause persistent alteration of peripheral input to the pain pathway. This in turn would lead to persistent pathophysiological, neuroanatomical and pathological changes in the dorsal root ganglion and spinal cord. Besides, permanent changes in the thalamus, limbic system and cortex of the brain also contribute to the development of chronic pain.

Environmental factors such as genetics (internal environment), psychological and social factors also play an important role. Research on pain genetics has been growing. For example, it has been shown that hyperalgesia and sympathetic dysfunction can be caused by mutation of gene SCN9A with upregulation of Nav 1.7 channel. With on-going research and advancement in pain genetics, we may be able to apply it in our clinical practice with new drugs targeting different sites in the pain pathway, more accurate prediction on post-operative analgesic requirement, choice of medication and even gene therapy.

A multi-disciplinary approach should be adopted in the treatment of persistent pain. Apart from treating the primary pathology, one should not neglect the importance of treating the secondary pathology (consequences) such as CNS sensitivity, depression and fear avoidance, and the tertiary pathology (contributors) i.e. environmental factors. Prof. Cousins pointed out that the future direction would be targeting on the neuroplastic disease process and the first step is to identify key targets in pain pathway in different models of persistent pain. He emphasized the importance of evidence-based medical treatment which is beneficial to patients and also cost-saving. Persistent pain should not be underestimated, and after all, pain management is a human right.

Neuropathic Pain and Evidence-based Guidelines
DRAFT Position Statement April 2008 — Australian Pain Society

Extracted by Dr. CW Cheung
Clinical Assistant Professor, Department of Anaesthesiology, The University of Hong Kong

Background to this Position Statement

This Position Statement has been developed to provide an Australian Perspective on the management of Neuropathic Pain as there are now several internationally published evidence-based Guidelines which are worthy of recognition within the Australian context.

However, in recognizing the overall context for assessing and treating pain, the Australian Pain Society provides this Position Statement to support and guide specific treatment, in particular pharmacologic treatment, for neuropathic pain based on best-available evidence and consensus internationally.

The Australian Pain Society recognizes that the existing pharmacological treatments used for neuropathic pain provide on average a limited albeit proven benefit and that successful treatment obtaining approximately 50% relief of pain or greater, occurs in no more than 40 - 60% of such patients with mono-therapy. It is recognized that it is likely that a multiple drug regime may increase the successful outcome rate, the drugs may require rotation, and the continued effectiveness and side-effects for the patient under consideration must be continually monitored.

It is also recognized that among the many non-pharmacological treatment strategies, there is high level evidence which supports good outcomes for chronic pain in general being cognitive-behaviourally based Pain Management Programs. For chronic neuropathic pain where all other pain management strategies have failed to sufficiently alleviate the pain intensity neuromodulation by spinal and occipital stimulation has established itself as an effective and efficient contributor to the management of neuropathic pain in selected candidates.

Australian Pain Society Position Statement on Pharmacologic Management of Neuropathic Pain

It is thus incumbent upon the Australian Pain Society to acknowledge the growing recognition of the benefits, and limitations, of the current range of pharmacological treatments for chronic neuropathic pain by developing and promulgating its own treatment recommendations.

To this end the Australian Pain Society recognizes that the following evidence-based recommendations for medications as listed below are acceptable as first line treatments in a range of neuropathic pain conditions.

Noradrenergic antidepressants	nortryptiline, desipramine, amitryptiline, venlafaxine, duloxetine
Calcium channel alpha 2-delta ligands	gabapentin, pregabalin
Lignocaine	topical lignocaine
Opioid agonist	morphine, oxycodone, methadone
Partial Opioid-agonist	tramadol

Conversely it is recognized that other medications of probable overall lesser effectiveness may warrant consideration particularly in the scenario where first-line medications have proven to be insufficiently effective, poorly tolerated, or are contraindicated. It is recognized that carbamazepine is a first-line treatment for trigeminal neuralgia, one particular form of neuropathic pain, but it has not shown effectiveness for the wider range of neuropathic pain conditions.

As a final comment, it is difficult to surpass the concluding comments in 'An Evidence-based Algorithm for the Treatment of Neuropathic Pain' (Finnerup et al 2007):

"Clearly, improvements can be made to this treatment algorithm, and as more evidence is generated from high-quality, randomized, controlled, head-to-head comparative clinical trials, **this treatment algorithm can be refined to ultimately benefit the patient with neuropathic pain**". (APS emphasis).

Reference: Finnerup NB et al. An evidence-based algorithm for the treatment of neuropathic pain. Med Gen Med. 2007; 9(2):36.

Past, Present and Future of Hong Kong Pain Society

The HKPS has gone through some fairly rapid growth as we approach the second anniversary of our inauguration. Our membership has grown significantly with members from more than 15 different disciplines in Hong Kong and Macau. We have conducted lectures and workshops on pain management for healthcare professionals, public education through lectures, newspaper articles and RTHK's talk-shows on health education. (see report) Our Annual Scientific Meeting (ASM) Organising Committee under the leadership of Dr Anne Chan has invited a wide range of overseas and local multidisciplinary speakers and has come up with an excellent programme for the upcoming HKPS ASM on 11-12 October 2008. Please come and join us at this meeting where a wide range of pain topics will be presented and discussed.

As we focus on local pain education and promotional activities, Hong Kong Pain Society has also been actively establishing closer relationship with our sister organizations in the region. In December 2006, I was fortunate to represent the HKPS at the Asia Pacific Declaration Against Pain Forum that was held in conjunction with the Association of Southeast Asian Pain Societies' (ASEAP) 1st Conference in Manila. At the meeting many friendly contacts with representatives from Pain Societies in the Asia Pacific region were established. In December 2007, we hosted a pain management forum for a group of (over 26) surgeons from Beijing. Views were exchanged and the group also made a visit to a local hospital. More recently Dr Cheung Chi Wai also represented the Hong Kong Pain Society at the Chinese Association of Study of Pain (Taiwan)'s Annual Meeting in March 2008 where he presented an introduction of the Hong Kong Pain Society to our counterparts in Taiwan. In June 2008, a group of HKPS Council and regular members attended the first Guangzhou Pain Society & Hong Kong Pain Society's Joint Scientific Meeting in Guangzhou. We presented three lectures and enjoyed tremendous hospitality from Professor JS Wang and his Organising Committee. We are in discussion to hold regular joint meeting among our sister organizations in Guangzhou, Macau and Hong Kong.

Our Council members hosted a lunch for Mrs Kathy Kreiter, Executive Director of International Association for Study of Pain (IASP) when she visited Hong Kong in February 2007. In the past Hong Kong was not eligible to join the IASP as a formal Chapter as only one national Chapter for each country is allowed. Following active lobbying to IASP Council members over the years, the recent amendments to the IASP's Bylaws will allow Hong Kong to become a formal independent Chapter of IASP in the future if approval from the Chinese National Chapter - Chinese Association for Study of Pain (CASP) is obtained. In the tradition of IASP, this year the HKPS will commemorate the Global Year Against Pain in October. We are in the process of co-organising a Global Day event with the Hong Kong Society of Palliative Care, Hong Kong Hospice Nurses' Association and the Society for the Promotion of Hospice Care to kick-off the IASP Global Year Against Cancer Pain, the theme for 2008-09.

HKPS was incorporated as a Limited Company. At present, with the assistance of our Honorary Legal Advisor and Honorary Auditor, we have applied for Charitable status from the Registrar of Societies. This will have implication on HKPS taxation status. It is likely that our application will be approved very soon.

Hong Kong Pain Society Activities Report



16 Oct 2006
Inauguration and celebration of Global Day Against Pain

16 Oct 2006
Press conference on Global Day Against Pain in Older Persons

19 Oct - 23 Nov 2006
RTHK Weekly Talkshows on health education

- 老人與痛
- 無痛工作間
- 癌性痛症與前瞻鎮痛法
- 慢性腰背痛治療的正確觀念
- 痛症藥物治療法
- 與痛共存 (復康)

21 Oct 2006
Public Lecture: Management of Pain in Older Persons



5 Nov 2006
Public lecture: Management of Work-related Pain



Hong Kong Pain Society Activities Report

28 Jan 2007
Problem-based pain management workshop

8 May 2007
Cognitive-behavioural based pain management workshop

10 July 2007
Management of chronic headache

4 Sep 2007
Management of musculoskeletal pain



22-23 Sep 2007
1st Annual Scientific Meeting



29 Sep 2007
Public Lecture: Managing chronic pain

Hong Kong Pain Society Activities Report

17 Oct - 5 Dec 2007

RTHK Weekly Talkshows on health education

- 突發性痛症
- 骨盆痛症剖釋
- 風濕痛與關節炎
- 有因必有果，有病才會痛？
- 頭痛醫頭？
- 神經痛之大不同
- 長期痛症患者可以工作嗎？
- 腳痛醫腳？

27 Nov 2007

Occupational rehabilitation in patient with chronic back pain



13th May 2008

Conjoint Hong Kong Pain Society & Hong Kong College of Anaesthesiologists
Pain: Symptom or Disease?

22 & 24 May 2008

Conjoint Scientific Meeting
Department Rehabilitation Sciences, The Hong Kong Polytechnic University & The Hong Kong Pain Society
Self management to improve rehabilitation outcomes for people with chronic pain & Motivational interviewing to improve participation in rehabilitation workshop

29 May 2008

HKPS Pain Symposium:
Standards in pain management
Pain Management from a physiotherapist perspective

Hong Kong Pain Society Activities Report



14 June 2008

Guangzhou Pain Society Annual Scientific Meeting



29 June 2008

Pain Management Forum: The Management of Low Back Pain in Primary Care

Guangzhou Pain Society Annual Scientific Meeting

Announcement from the Ministry of Health China:
It was recently announced that Pain medicine is now included in the Principle Medical Specialty list in China. More pain units will be established at Hospital of Grade 2 and above. This represents a major step forward for the development of pain medicine in China, as its recognition will encourage greater awareness, education and research into pain medicine, and improve pain management in the country.



Hong Kong Pain Society Activities Report

UPCOMING ACTIVITIES

26 September 2008

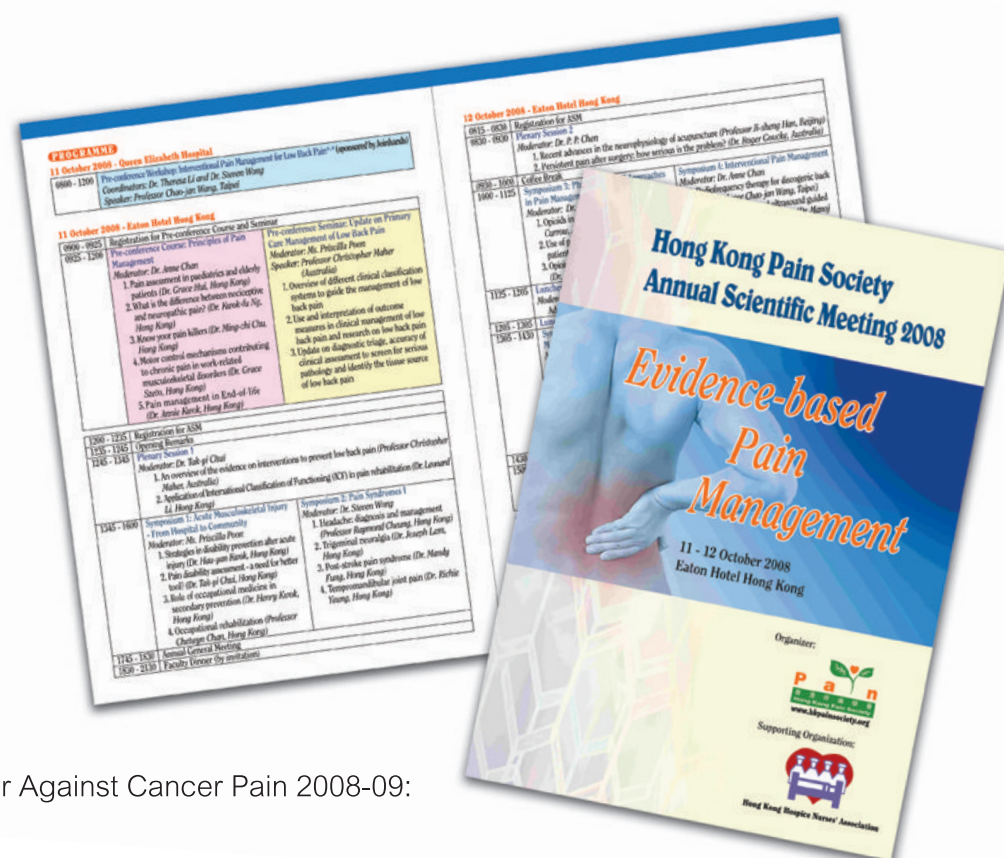
Conjoint meeting with AHNH
Workshop on Lumbar Spinal Injection

11-12 October 2008

Hong Kong Pain Society Annual
Scientific Meeting

11 October 2008 (17:45 to 18:30)

Hong Kong Pain Society Annual
General Meeting
Eaton Hotel, Kowloon



Events related to IASP Global Year Against Cancer Pain 2008-09:

3 October 2008 (15:00 to 16:00)

Kick off Press Conference
Jessie and Thomas Tam Centre, Cheung Sha Wan

6 December 2008 (15:00 to 17:00) & 10 January 2009 (15:00 to 17:00)

Public Lectures: "癌痛可受控"
Lecture Hall, Lecture Hall, Duke of Windsor Social Service Building, Wanchai (6 December 2008) &
Auditorium, Christian Family Service Centre, Kwun Tung (10 January 2009)

16 & 23 October 2008

RTHK Interviews:
Topic of cancer pain (16 October 2008 from 14:30 to 15:00)
Topic of Palliative Care (23 October 2008 14:30 to 15:00)

February 2009

Problem-based Seminar for Healthcare worker

For details, please visit our website (<http://www.hkpainsociety.org>) or
contact us by E-mail (painsec@hkpainsociety.org).

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. Recently, grant applications have been invited for the 12th World Congress on Pain that will be held at Glasgow, Scotland, United Kingdom from 17th to 22nd August 2008. The two successful applicants are Dr. Cheung Chi Wai (Anaesthesiologist) & Ms. Ho Oi Lam, Lydie (Physiotherapist).

Do you know that

1. the Hong Kong Pain Society can have up to 14 Council members
2. there cannot be more than five members from each discipline in Council
3. members of Hong Kong Pain Society come from more than 15 healthcare disciplines and medical specialties.

Please contact us if you would
like to advertise here!
painsec@hkpainsociety.org

