



NEWSLETTER SERIES 2017

NATIONAL PAIN AWARENESS WEEK NOVEMBER 5-11, 2017

NEWSLETTER EDITORS:

Editor:

Martha Bauer, BSc, OT, Reg (Ont)

Associate Editors:

Dr. Eleni Hapidou, PhD Psych

Dr. L. Hatcher, MD, CCFP, FCFP, CHE



EDITORIAL

Martha Bauer, BSc, OT, Reg (Ont)
CAPM Board of Directors
Newsletter Editor

Message from the Editor: As the new Editor of the CAPM Newsletter, with Dr. Hapidou and Dr. Hatcher, I am exploring how best to support the mission of the CAPM and our members.

Mission: The Canadian Academy of Pain Management is dedicated to promoting excellence of care for pain sufferers; through comprehensive professional development for professionals who care for pain sufferers; in a context of interdisciplinary collaboration; and through adherence to the core professional attitudes and acquisition of knowledge essential for caring for pain sufferers.

Vision: The Canadian Academy of Pain Management is dedicated to uniting professionals who are committed to relieving pain suffering, to acknowledge their professional identity in the field of pain management and relief, and to advance the professional practice of Pain Management.

It aims to promote and instill core values essential for the compassionate and professionally excellent practice of Pain Management.

It is dedicated knowledge of best clinical evidence and promotion of skills, for effective pain management.

We hope to use this Newsletter to connect in with our members, connect you to your Board Members in each edition and also provide helpful resources that reflect CAPM's Mission and Vision. You will see the following Sections: Meet the Board; CAPM course offerings; Upcoming Education/Conferences; Supports available to our clients; summary of an article or 2 from various professional groups. This is designed to ensure we are providing "best care" and perhaps, as we have seen in the past, an opportunity to explore areas where there is not yet consensus in the pain management field.

We are very interested in knowing how we can support you, our interdisciplinary group. Ideas

include -email blasts - perhaps these will be open to allowing you to send us for example a summary of an article/book you found particularly helpful or research you have produced. We could have a listing of groups running in your community.

We at CAPM would like to take this opportunity to say Thank you to Gloria Gilbert, our former editor of the Newsletter, for her many years of producing the CAPM Newsletter. The commitment Gloria demonstrated in producing a newsletter that is both informative and engaging is, as I am learning, significant.

Thank You!! Editor: Martha Bauer, BSc, OT, Reg (Ont) CAPM Board of Directors



MEET THE BOARD

LYDIA HATCHER MD, CCFP, FCFP, CHE

Dr. Hatcher has recently joined the Board of Directors of the CAPM in 2017. We are very excited to welcome her to the CAPM board. Dr. Hatcher brings knowledge, experience and leadership to the Board.

Dr. Hatcher is trained as a Family Physician and worked in Newfoundland for 31 years until she came to Ontario in 2013. During her time in Newfoundland, she was President of the Newfoundland and Labrador Medical Association and for 10 years was Medical Director and Associate Professor of Family Medicine at MUN.

Specific to Pain Management Practice, Dr. Hatcher was described in an article in The Telegram published April 7, 2013 as having over her 31 years of practice, "... a large chronic pain practice.. and helped the College of Physicians and Surgeons of Newfoundland and Labrador with the development of guidelines for management of opioid prescribing in chronic pain, and was part of the OxyContin task force subcommittee for the tamper-resistant prescription pads."

Dr. Hatcher is currently the Chief of Family Medicine, St Josephs Healthcare, Interim President of the Family Medicine Association of Hamilton; an Associate Clinical Professor at McMaster University, the VP Quality Control for CME, and International Centre for Evidenced-Based Medicine Canada. In addition, she is a member of the Canadian Family Practice Chronic Pain committee.

Regarding the CAPM's approach to credentialing for chronic pain requiring a multidisciplinary approach, Dr. Hatcher believes strongly in interdisciplinary chronic-pain teams. She is involved in teaching Pain Management course to the medical students at McMaster University, she is now working with the Michael G. DeGroot Pain Clinic, Consults as a Pain Specialist to the McMaster Family Health Team and teaches within its interdisciplinary pain management program. Dr. Hatcher has been involved in research, teaching Medical Residents as well as presenting at conferences, most recently at Canadian Pain Society conference in 2017.

MEET THE BOARD



DR. ELENI HAPIDOU, PH.D., C. PSYCH

Dr. Eleni Hapidou is a founding Board member of CAPM. During her time on the Board, she has been a member at large and also the Treasurer. Currently, Dr. Hapidou is the Psychologist at the Michael G. DeGroote Pain Institute, Hamilton Health Sciences.

Dr. Eleni G. Hapidou has dedicated her career to working with individuals who, after injury or accidents, suffer from chronic pain and experience difficulties coping. Such difficulties, in addition to physical discomfort and pain, may include anxiety, post-traumatic stress, depression, marital and occupational issues, which may prevent individuals (and their families) from participating in their full daily functioning. Dr. Hapidou's work involves assessment, consultation, treatment,

supervision, teaching, and research. She uses a variety of psychological assessment instruments for which she has established norms for chronic pain. She has also developed and validated instruments that assess goal accomplishment and patient satisfaction. Her eclectic therapeutic techniques include stress management and relaxation training, behavior and cognitive therapy, as well as exploration of the dynamics of pain and disability in the context of interpersonal and systemic relationships. She conducts both individual and group therapy, psycho-educational and relaxation sessions. Following her patients' ongoing requests, she has recorded relaxation / meditation CDs. In consultation with other health professionals on the interdisciplinary team, she helps individuals cope with the sequelae of their injury or accident so that they might continue to lead productive and satisfying lives. She considers the CPMU program, the "golden standard" of chronic pain management and enjoys her ideal occupation. She is fluent in English and Greek.

Dr. Hapidou is involved with the Canadian Academy of Pain Management (CAPM) as a founding member (current Treasurer). She conducts workshops on chronic pain management for professionals who want to become more proficient in working with individuals with chronic pain. She has recently received her Diplomate from CAPM.

Dr. Hapidou has participated in multiple research studies in the area of chronic pain management. For a listing of some of her research please see <http://www.hamiltonhealthsciences.ca/body.cfm?id=1480>

CAPM EDUCATION IN 2017

In 2017 CAPM held Two Credentialing Courses - February and July. These courses were 3 days in length, with the Exam held on the last day. From these courses CAPM now has 20 new credentialed members and a total of 113 from all courses in the last few years. The membership is made up of Physicians, Psychologists, Occupational Therapists, Physiotherapists, Chiropractors, and more.



The new course dates have now been set for 2018, and they are February 15, 16, 17 and May 10, 11, 12, 2018. For information on the course and registration, please click here: [Credentialing Course 2018 - Information and Registration](#)



ONGOING EDUCATION FOR CLINICIANS

THE ECHO PROJECT

The ECHO Project - Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities. Primary care clinicians, the spokes in our model, become part of a learning community, where they receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need. In practical terms, you can sign up to listen in each week and/or participate with your own cases. If you are the participant, you are given a template to prepare your case for the team. You will receive input and suggestions from a multidisciplinary team and they will send you a written list of recommendations.

[The Echo Project](#)

The Canadian Institute for the Relief of Pain and Disability (CIRPD) founded in 1986 is a global centre of excellence with a mandate to create and sustain work wellness, prevent disability, eliminate impairment-caused job loss, and worklessness for those with, or at risk of, chronic and episodic health-related challenges. A primary goal is to reduce the gap between what is known from high quality research and what is done in practice.

[CIRPD](#)

[CIRPD WEBINARS, ETC.](#)

THE CANADIAN PAIN SOCIETY

[Canadian Pain Society](#)

THE CHRONIC PAIN ASSOCIATION OF CANADA

[Chronic Pain Association of Canada](#)

ACTION ATLANTIC PAIN SOCIETY

(No Website)

UPCOMING MEETINGS

Canadian Academy of Pain Management

2018 Credentialing Course

February 15, 16 & 17, 2018

May 10, 11, 12, 2018

Hamilton, ON

www.canadianapm.com

T: 905-404-9545



Canadian Pain Society

39th Annual Scientific Meeting

May 22-25, 2018

Montreal, Quebec

www.canadianpainsociety.ca

Call for abstracts:

Symposia deadline: November 10th, 2017

Research Poster Abstracts Deadline : December 11th 2017

Clinical Innovation Poster Abstracts: Deadline - December 11th, 2017

The Word Congress on Pain®

September 12-16, 2018 Boston, Mass

[World Congress on Pain, 2018](#)

PATIENT SUPPORT GROUPS

The editor did a brief search for "Support groups for people living with pain Canada) - Please note that the quality of each group is not known, however those with a *, the editor or others have first- hand knowledge and are supportive.

[CHRONIC PAIN ASSOCIATION OF CANADA](#)

[PEOPLE IN PAIN](#)

PARC - PROMOTING AWARENESS OF RSD AND CRPS IN CANADA

Help Line hours - Monday to Thursday 7-10 pm

Help people connect to pain treatments

[PARC](#)

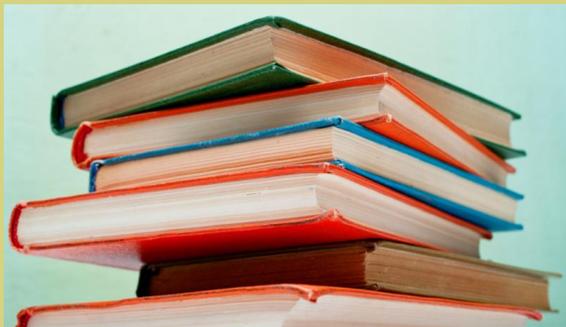
*THE ONTARIO PAIN FOUNDATION

Education and Support group: 2nd Tuesday of the month between 6:00 PM and 6:30 pm in Burlington

[ONTARIO PAIN FOUNDATION](#)

[HAMILTON FIBROMYALGIA SUPPORT GROUP](#)

Do you have a favourite resource for your clients/patients? Please send us your favourite website/ books/ videos's for people living with Chronic Pain and we'll continue the list in the next Newsletter.



LITERATURE REVIEW

Dr. E. Hapidou

Psychologist and CAPM Board Member

Motivational interviewing in chronic pain management programs

Motivational Interviewing (MI) is a counseling technique that helps individuals explore and resolve their ambivalence and insecurity in order to find the motivation for

changing behavior. MI evolved from Carl Roger's client-centered approach to counseling and therapy as a method to help individuals make a commitment to change. MI takes into account how difficult it is to make changes in life. MI's two major goals are a) to increase the person's motivation and b) for the person to commit to change. Hearing oneself express a commitment out loud has been shown to help improve one's ability to actually make a change. MI is generally short-term, requiring one-two sessions, but may also be included in longer-term therapies.

MI may help individuals with chronic pain (ICP) become ready to accept and initiate change in the way they manage pain. Some ICP may be open to psychological approaches to pain management such as group or individual CBT while others may be uncertain or skeptical about the role of psychological methods. MI offers an opportunity for ICP to explore their ambivalence and uncertainty about psychological approaches and to voice their reluctance. CBT programs for chronic pain require a significant amount of time on behalf of ICP and may cause them to feel more fatigue and pain. MI may be helpful for evaluating these short-term costs while at the same time considering potential long-term gains such as improved ability to manage pain. In addition, some ICP may have low self-efficacy about their ability to change at all. MI allows the opportunity to explore and work through ambivalence and efficacy about the process of change, self-management approaches, and participation in a CBT program.

Because change is difficult, and people often resist, MI is a way to help the clinician provide an environment that allows him/her to "roll with the resistance" in a non-judgmental manner that honours the ICP's autonomy and highlights the skills they do have as well.

Here are some specific MI questions to help address the ambivalence: "How are your symptoms affecting your everyday life?" (exploring current costs). "What scares you about not managing your pain effectively?" (exploring fears). "What are the benefits to managing your pain?" (exploring the advantage of change). "What would you like to get out of treatment" (this may lead to identification of goal pursuit and goal setting / future orientation). "Is there anything that could get in the way of recovery?" (exploring beliefs, misconceptions or pragmatic barriers / logistics). "What would you like to change?" (exploring intention for change); "What are the pro's and con's of not changing and carrying on as you are now?"

SOURCES

Hettma J, Steel, J, Miller WR. Motivational interviewing (link is external). Annu Rev Clin Psychol. 2005;1:91-111.

Fuss, S. An examination of the use of motivational interviewing to enhance engagement in and outcomes to a cognitive behavioral program for chronic pain: A cluster randomized controlled trial. Ph.D. dissertation. 2015

Brief Review of Headache

Dr. Eldon Tunks

Migraine diagnosis - Centre for Effective Practice

2 or more of Nausea, Light Sensitivity, Interference with Activity

Strongest predictor of migraine diagnosis - (Lipton RB et al. Neurology. 2003;61:375-382)

Photophobia, Disability for a day or more in the last three months, Nausea.

2/3 - 93% positive prediction

3/3 - 98% positive prediction

Migraine headache without aura - ICHD diagnosis

([Headache without Aura](#))

At least 5 attacks with headache 4-72 hours

At least 2 of; Unilateral location, pulsing, moderate to severe, avoidance of regular routine

At least 1 of: Nausea, vomiting, photophobia, sonophobia

READ THE ENTIRE ARTICLE HERE

[HEADACHE ARTICLE, DR. ELDON TUNKS](#)