30th Annual Meeting Shows Why Pain Medicine Merits National Attention

Kathleen Louden, ELS

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—Chester “Trip” Buckenmaier III, MD COL MC USA, Annual Meeting Co-Chair

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—W. Michael Hooten, MD, Annual Meeting Co-Chair

If the Phoenix, AZ, location for the American Academy of Pain Medicine’s (AAPM’s) 30th Annual Meeting, March 6–9, is not enough incentive to attend, the breadth of the educational and scientific sessions should be.

This year’s annual meeting co-chairs have assembled a top-notch faculty covering a broad array of topics designed to appeal to virtually all members, whether they treat chronic or acute pain, are military or civilian practitioners, or have little or extensive experience in the pain medicine field.

Concurrent sessions range from new research that may have the potential to change clinical practice to novel interventions and quality initiatives that are improving patient outcomes. Other sessions delve into special-interest subjects such as cancer pain, intractable headaches, and muscle pain syndromes.

“There’s something for everyone,” said Annual Meeting Co-Chair W. Michael “Mike” Hooten, MD, of the Mayo Clinic, Department of Anesthesiology, Division of Pain Medicine, in Rochester, MN.

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AAPM’s 2014 Annual Meeting Keynote and Plenary Sessions

“A Nation in Pain”
Nationally syndicated health and medicine columnist Judy Foreman became one of the 100 million Americans with chronic pain when she experienced disabling neck pain 5 years ago. The personal experience of this award-winning, former Boston Globe staff writer led her to write and speak about this country’s chronic pain epidemic and to publish a book in January, titled A Nation in Pain: Healing Our Biggest Health Problem.

As this year’s AAPM Annual Meeting keynote speaker on Friday, March 7, Ms. Foreman will share her enlightening research and thoughts in a multimedia presentation, A Nation in Pain.

Confirming the importance of and need for pain specialists, Ms. Foreman believes that physicians are poorly educated about pain in medical school. She argues that there is widespread undertreatment of pain and that disparities exist between men and women in pain care and research. In her book, she cites estimates that chronic pain costs the nation at least $560–$635 billion a year in direct medical costs and lost productivity.

“Ms. Foreman will say that we must figure out a way to provide pain care in a cost-effective way,” said Annual Meeting Co-Chair Chester “Trip” Buckenmaier III, MD COL MC USA. Her keynote speech also offers hope for positive change. “She will mention that people dealing with chronic pain are finally being heard and research dollars are being put toward chronic pain,” Dr. Buckenmaier said.

Ms. Foreman’s credentials include having served as a lecturer on medicine at Harvard Medical School and as an affiliated scholar in the Women’s Studies Research Center at Brandeis University.

Annual Meeting Co-Chair Chester “Trip” Buckenmaier III, MD COL MC USA, said, “There is information for not just physicians but also allied health professionals, nurses, and integrative medicine practitioners.”

The AAPM 30th Annual Meeting allows multiple disciplines to come together to network and learn different pain management perspectives and the science behind them.

“There’s so much more that we could learn,” Dr. Buckenmaier stated. “That’s why this meeting is so important.”

Acute Pain and the Pain Continuum
The 30th Annual Meeting theme, The Emerging Science and Practice of Pain Medicine, reflects an emphasis on evidence-based pain medicine. According to Dr. Buckenmaier, a goal of the conference is to communicate an evolving understanding of pain as a continuum of disease.

“There is no artificial line that exists between acute and chronic pain,” he explained. “The decisions we make in the acute pain pathway have tremendous impact on the development and severity of chronic pain.”

For the first time, an entire day (Saturday, March 8) will be devoted to acute pain medicine. Organized by acute pain medicine physicians Michael L. Kent, MD LCDR MC USN, and Patrick J. Tighe, MD MS, this part of the program includes the essentials of acute pain medicine, risk assessment and prevention of the transition from acute to chronic pain, and individualized pain medicine using genomics. The day wraps up with a focus on avoiding complications in inpatient-based analgesia and regional anesthesia. Safe application of ultrasound-guided peripheral nerve blocks in both the inpatient and ambulatory care settings also will be discussed.
Multimodal and Integrative Interventions

Pain specialists are increasingly recognizing the need for a multimodal approach to pain management, and several presentations touch on this issue. Jianguo Cheng, MD PhD, will moderate a session on neuropathic pain—Neuropathic Pain: Improving Outcomes Through Classification, Diagnosis, and Evidence-Based Treatment Strategies—which includes a multimodal treatment strategy.

Two sessions at the meeting deal with acupuncture—Advancing the Practice of Battlefield (Auricular) Acupuncture and Acupuncture in Military Pain Medicine—a topic that Dr. Buckenmaier admitted will push some delegates outside their comfort zone. “This meeting is designed to expose people to what they may consider radical,” he said. “We are not suggesting that acupuncture will replace standard pain interventions. It can be an adjunct.” He continued: “Integrative techniques such as acupuncture, yoga, and biofeedback have been on the fringe of pain interventions, but we can marry them with standard interventions and achieve better patient outcomes.” Three-fourths of U.S. medical centers report success using integrative practices to treat chronic pain, as shown in a 2012 survey from the Bravewell Collaborative in Encinitas, CA.

A hands-on session describes battlefield acupuncture and is taught by Richard C. Niemtzow, MD PhD MPH, the physician who developed the technique in 2001 as an adjunct method of rapid pain control after combat trauma. This type of auricular acupuncture involves insertion of small sterile needles into targeted sites of the exterior ear. Although the mechanism of action is unclear, battlefield acupuncture appears to quickly interrupt pain signals to the brain, advocates say.

“Just because we don’t know the mechanism yet doesn’t mean we shouldn’t use it,” Dr. Buckenmaier remarked. As an example, he mentioned volatile anesthetics, whose exact mechanism of action also remains unknown. Supporters of battlefield acupuncture, who cite its low cost and risk, believe that acupuncture needles should be standard in a war zone.

“Once you give a wounded soldier morphine, you have to take his or her weapon away,” Dr. Buckenmaier said. “Auricular acupuncture allows pain

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Controversy Over Spinal Injections

Cost-effectiveness and safety of epidural steroid injections—the most widely used pain management procedures—are controversial, according to Steven P. Cohen, MD, plenary speaker on Epidural Injections for Spinal Pain: The Evidence.

Part of the controversy is that some practitioners prescribe these injections without having the proper training or knowledge of appropriate patient selection criteria, Dr. Buckenmaier noted. He added that this presentation meshes with AAPM’s challenge and mission to ensure that patients receive the most appropriate treatment by the most legitimately qualified practitioners.

Dr. Cohen, a professor of anesthesiology and critical care medicine at the Johns Hopkins School of Medicine, “is probably the preeminent expert on epidural steroid injections,” Dr. Buckenmaier said. Dr. Cohen has researched and published the most up-to-date information about patient selection, efficacy, complications, and comparison of epidural injection techniques.

Important Pain Research

The final plenary session, Plenary Research Highlights, features presentations of two new, highly ranked scientific posters. Always well-attended, this session allows for a question-and-answer forum.

“Early findings of potentially novel interventions can be found in the poster sessions,” said Co-Chair W. Michael Hooten, MD.
relief until the battle is over and other pain interventions can be used.”

Another integrative medicine practice, osteopathic manipulation, will be part of the Sunday morning (March 9) session Physical Examination and Differentiation of Lumbar Spine, SI Joint, and Hip Joint Problems, during which James W. Atchison, DO, will review the pertinent medical literature and demonstrate this muscle energy technique.

**Opioids: From Safe Prescribing to Effective Cessation**

Reflecting an improved understanding of the risks of opioid analgesics, several sessions will cover the full spectrum of safely prescribing opioids and stopping this treatment. New to the meeting this year is Opioid Cessation: Why, When, and How, moderated by Dr. Hooten, who will discuss the medical aspects of safely tapering opioid regimens when indicated.

“There is a real gap in the literature on how to safely and effectively taper patients off opioids, what to do about withdrawal, when to refer to an addictionologist, and how to manage pain without opioids,” Dr. Hooten stated. The panel session, he said, aims to fill that gap.

Dr. Hooten noted that another need is for more careful prescribing of opioids for treatment of chronic pain. Lower doses, he said, are especially important given the research findings that high-dose opioids raise the risk of accidental death due to overdose. Safety and risk-assessment screening will be addressed in the evidence-based session Best Practices: Safe Opioid Prescribing.

When a patient misuses prescription opioids—a problem facing 5.1 million Americans, according to the Substance Abuse and Mental Health Services Administration—buprenorphine may have a role. Sanford M. Silverman, MD, will provide details about the use of buprenorphine in pain and opioid dependence during the session Analgesic Medication Controversies and Conundrums.

Anyone interested in further information about the appropriate use of opioids will want to attend Mind Over Pill: Reducing Opioids and Optimizing Psychology. Besides exploring how to reduce a patient’s opioid-related risks based on his or her psychological status, the session describes the use of cognitive and behavioral therapy to manage pain. “We need more chronic pain therapies focused on maladaptive behaviors, and you have to have a cognitive-behavioral therapeutic approach to facilitate behavioral change,” Dr. Hooten commented.

**Managing Chronic Pain Across the Lifespan**

The special needs of both young and aging patients with chronic pain are addressed in two separate sessions: Updates in Chronic Pain Management.
in the Adolescent Population and The Aging Population and Chronic Pain. “These patient populations require different drug doses and treatment approaches,” Dr. Hooten said. “How you treat a 17 year old is very different than how you’re going to treat an 80 year old.”

While the adolescent session focuses on what not to miss when evaluating young patients, the discussion of aging patients includes talks on patient-centered goals and the pitfalls of analgesic prescribing, such as drug-drug and drug-disease interactions.

Identifying Best Practices

Among the sessions focusing on outcomes is National Pain Registries, moderated by AAPM President-Elect Sean Mackey, MD PhD. Dr. Mackey will discuss the development of a national registry of pain sufferers with an open-source framework designed to lower the technologic barriers to collecting assessment and treatment data. Attendees also will receive an update about PROMIS® (Patient Reported Outcomes Measurement Information System), which is funded by the National Institutes of Health.

Such large registries are useful not only for research but also for identifying best practices, such as the best way to manage back pain, according to Dr. Buckenmaier. “We’ll be able to say to our third-party payers that the evidence supports the use of a certain procedure based on the data generated from large patient populations,” he said.

Tried and True

Popular sessions from past meetings return this year in addition to the many new topics. Practice Improvement: Operationalizing Value-Based Pain Medicine Care is back, as are the popular preconference sessions: the 2-day course Essential Tools for Treating the Patient in Pain and the half-day course Ultrasound Guidance for the Pain Physician.

“Advanced interventional techniques that are often the last and best hope for quality of life, the latest technologies, the most up-to-date guidelines—the important topics that have always been featured at the meeting are still a part of the meeting,” Dr. Buckenmaier affirmed.

In total, AAPM’s Annual Meeting shines a spotlight onto pain and the many ways its members can help patients with pain. Dr. Buckenmaier said, “Pain is worthy of national attention, the same as for any disease, since it is a disease process affecting millions of Americans.”

the Civilian Practice—will describe the CPMCP, which is a collaboration with veterans and academic medical centers.

“Regional interdisciplinary pain management centers at academic medical centers focus on a team approach to pain management that includes integrative medicine as an equal partner,” said Dr. Buckenmaier, an active-duty officer in the Army Medical Corps. “Smaller military health facilities will have pain augmentation teams, and large interdisciplinary pain management centers will support augmentation teams via telemedicine.”

Additionally, military physicians are turning toward intensive functional rehabilitation, a kind of “rehab boot camp.” Speakers will relate two army medical centers’ successful experiences with this rigorous rehabilitative program. They also will highlight the value that this approach can have in civilian practice for athletes and other motivated pain patients.

A related session, Acupuncture in Military Pain Medicine, concentrates on supplementing existing pain care through acupuncture. Moderated by Dr. Buckenmaier, this session includes information about

• how the U.S. military is using acupuncture
• advantages of acupuncture
• evidence (functional magnetic resonance imaging) of brain changes during acupuncture.
Now, More Than Ever, It’s Important to Be a Part of the Premier Association for Pain

For 30 years, the American Academy of Pain Medicine (AAPM) has been the premier pain association serving more than 2,400 pain physicians, researchers, and members of their treatment teams practicing in the field of pain medicine. AAPM physician members have backgrounds in a variety of disciplines, including anesthesiology, internal medicine, neurology, neurological surgery, orthopedic surgery, physiatry, and psychiatry.

With the amount of pain that is reported in the news every day, our society—now, more than ever—needs physicians treating pain to maintain a strong stance as pain experts in the medical community. Our society needs physicians who understand the cadre of pain therapies and treatments: physicians who are grounded in pain science and can properly assess risk, navigate treatments, manage patients’ expectations, and supervise ongoing pain care. Now—more than ever—our society needs the hope that dedicated pain physicians can offer…a hope for improved quality of life!

Physicians treating today’s pain patients continue to turn to the premier pain association that is committed to advancing the science and practice of pain medicine—AAPM. AAPM is committed to advocating for the highest standards of patient care; promoting the scholarship, science, and research of pain medicine; upholding ethical standards and professional integrity; and advancing public health.

AAPM members value the benefits included in a membership with the Academy, such as the *Pain Medicine* journal, which is the premier source of peer-reviewed research and commentary on the multidisciplinary clinical practice of pain medicine. AAPM is also the trusted source for quality education by the top experts and researchers in the field, receiving accreditation with commendation from the Accreditation Council for Continuing Medical Education (ACCME). Members rank the Annual Meeting as one of the most important benefits of their AAPM membership, as well as the online education and CME portal. In addition, members have access to the robust AAPM website that features a Members’ Community, a library of pain medicine resources, coding and practice management resources, and patient education materials. AAPM members are also kept abreast of the latest pain news and research, warnings and recalls, and advocacy updates through the AAPM e-News and AAPMail Alerts.

Join AAPM today and become part of an organization dedicated to the highest level of clinical practice for pain care in a dynamic, intellectual, technical, social, and cultural environment. And, for those who already are members, thank you. Your participation adds strength to the Academy and is essential for AAPM to remain vital and relevant. Encourage your colleagues to become part of a distinguished community of physicians, researchers, and allied health professionals with a sustained interest in pain disorders and pain management.

AAPM Foundation Faces 2014 Prepared to Advance the Science and Practice of Pain

The American Academy of Pain Medicine Foundation was created in 2011 to work in cooperation with the AAPM to amplify and expand the Academy’s vital work. The overarching focus of the foundation’s efforts is to advocate for patient safety by providing funding support to expand and enhance education and research.

For more information and to donate, please visit www.painmed.org/foundation.
April 30th Annual Meeting Registration Form
March 6–9, 2014 • Phoenix, AZ
(Essential Tools for Treating the Patient in Pain™ begins on March 5, 2014, and preconference seminars begin on March 6, 2014.)

Please type or print clearly. Use a separate form for each registrant.

Full Name ___________________________ First Name for badge ___________________________ Credentials ___________________________
Facility _______________________________ Facility City/State ___________________________

Preferred address (home) (office) ___________________________ City/State/ZIP ___________________________

Contact information listed here will be included in the attendee registration list that is distributed at the meeting. You may opt to have your contact information removed from this list in Box G below.

Home phone ___________________________ Office phone ___________________________ Fax ___________________________
E-mail (required) __________________________________________________________________________

Endorsed by the American Academy of Pain Medicine

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box I.

Annual Meeting Registration | March 6–9, 2014

<table>
<thead>
<tr>
<th>Essential Tools for Treating the Patient in Pain™ Registration (March 5, 7:15 am–9:30 pm; March 6, 7:15 am–5:30 pm)</th>
</tr>
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<tbody>
<tr>
<td>Rate if also registering for the Annual Meeting</td>
</tr>
<tr>
<td>AAPM Physician Member</td>
</tr>
<tr>
<td>AAPM Affiliate Member*</td>
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<tr>
<td>AAPM Student, Resident, Trainee Member</td>
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<tr>
<td>AAPM Student, Resident, Trainee*</td>
</tr>
<tr>
<td>Nonmember</td>
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</tbody>
</table>

*You must submit the membership application and supporting documents with your registration form to receive this discounted rate. If these documents are not received, you will be registered and charged at the nonmember rate. Documents can be faxed to 847.375.8477 or e-mailed to akathan@painmed.org.

**Applicable to active duty service members. ID is required on site to confirm this rate.

Questions: Contact AAPM Membership Manager akathan@painmed.org.

1-Day Annual Meeting Registration (for registrants attending 1 day of the meeting only)

Please select the day you wish to attend the Annual Meeting:

- [ ] Monday only
- [ ] Tuesday only
- [ ] Wednesday only
- [ ] Thursday only
- [ ] Friday only
- [ ] Saturday only
- [ ] Sunday only

Please indicate which sessions you plan to attend.

Concurrent Scientific Session Selections

- [ ] Friday, March 7
  - [ ] 1:45–2:45 pm
  - [ ] 3:45–4:45 pm
  - [ ] 5–6 pm
  - [ ] 6:15–7:15 pm
- [ ] Saturday, March 8
  - [ ] 9:30 am
  - [ ] 10:15–11:45 am
  - [ ] 10:45–11:45 am
  - [ ] 2:30–4 pm
  - [ ] 4:15–5:45 pm
- [ ] Sunday, March 9
  - [ ] 9:45–10:45 am
  - [ ] 11 am–Noon

Special Requests

- [ ] I will require special assistance. Please contact me. (SA)
- [ ] I do not wish to have my name and contact information included in the onsite attendee list. (DIS)
- [ ] I need a kosher meal. (KSM)
- [ ] I will need a vegetarian meal. (SDV)

Specialty Please mark your specialty and select your credentials.

- [ ] Anesthesiology
- [ ] Neurology
- [ ] Physical Medicine and Rehab
- [ ] Other

Credentials

- [ ] DO
- [ ] MD
- [ ] Nonphysician

Guest Registration

Number of Guest Badges ___________________________ x $180 (GST)

4 Easy Ways to Register

- [ ] Online
- [ ] Phone 847.375.4731
- [ ] Fax 847.375.8477

Payment

- [ ] MasterCard

- [ ] Visa
- [ ] American Express
- [ ] Discover
- [ ] Check (enclosed)

If rebilling of a credit card charge is necessary, a $75 processing fee will be charged. I authorize AAPM to charge the above listed credit card amounts reasonably deemed by AAPM to be accurate and appropriate.

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Subtotal Box C $ __________

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- [ ] Sunday, March 9
  - [ ] 9:45–10:45 am
  - [ ] 11 am–Noon

Subtotal Box D $ __________

GRAND TOTAL Be sure to complete all boxes: A + B + C or D + E = $ __________

Subtotal Box B $ __________

Subtotal Box E $ __________

I authorize AAPM to charge the above listed credit card amounts reasonably deemed by AAPM to be accurate and appropriate.

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Cardholder’s Name (Please print) ___________________________ Signature ___________________________

If payment does not accompany this form, your registration will not be processed. Full payment must be postmarked on or before January 13, 2014, to qualify for early-bird rates.

Cancelling Policy: All cancellations must be submitted in writing. A $100 processing fee applies to all cancellations. No refunds will be made on cancellations postmarked after February 7, 2014. All refunds will be processed after the Annual Meeting. A $25 fee will be applied to onsite registration.
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