

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

Tuesday, May 22, 2018	
Timeslot	Session
4:00 PM – 6:30 PM	Registration Opens
5:00 PM – 6:30 PM	Interventional Pain SIG Meeting Chair: Harsha Shanthanna, MBBS MD DNB FIPP, McMaster University Gaurav Gupta MD FRCPC CSCN Diplomate, Canadian Forces Health Services Centre, McGill University Health Centre Role of Intraarticular Injections in Managing Shoulder and Knee pain in Elderly Simple techniques for shoulder and knee/role of guidance/ and decision making: evidence/controversies/what to inject/cost and other considerations Roshanak Charghi MD, FRCPC, McGill University, Jewish General Hospital Interventional Pain Modalities for Pain of Spinal Stenosis.
5:00 PM – 6:30 PM	Education SIG Meeting Co-Chair: Ruth Dubin, MD PhD, Echo Ontario, Queen’s University Co-Chair: Timothy Wideman, BSc (PT) PhD, McGill University, Johns Hopkins University
7:00 PM – 8:00 PM	Welcome Reception
Wednesday, May 23, 2018	
Timeslot	Session
7:00 AM – 9:00 AM	Registration & Breakfast & Poster Setup
7:30 AM – 8:45 AM	Annual General Meeting
8:45 AM – 9:00 AM	Opening Remarks
9:00 AM – 9:45 AM	Mary Ellen Jeans Keynote: What does the opioid epidemic mean to pain management Keynote Speaker: Jane C. Ballantyne, MD FRCA, University of Washington If we understand opioids only as drugs, it is easy to consider their chief role is to provide pain relief, albeit at the risk of addiction. But since the discovery of the endogenous opioid system in the 1970’s, basic science has revealed a complicated role for opioids in human survival that upends our beliefs about therapeutic opioids. This knowledge, together with the clinical data arising from decades of unprecedented levels of continuous opioid use in pursuit of pain relief, points to two important insights: 1) people who do not easily find relief from anything other than opioid drugs, make up the population at highest risk for opioid harm, and 2) the endogenous opioid system, if recruited, is a more enduring adversary of pain than long-term opioid therapy. It seems that high risk people are the most likely to get relief from opioid drugs, which presents a real dilemma for prescribers. In my plenary, I will explore new insights into the multifaceted role of endogenous opioids that help us understand the devastating social harms of long-term opioid medications, and suggest a pathway towards better preservation of highly complex survival mechanisms.
9:45 AM – 10:00 AM	Poster Pitches
10:00 AM – 11:00 AM	Coffee / Posters / Tradeshow
11:00 AM – 12:30 PM	Moving the pain education agenda forward: Strategies for creating leaders, identifying knowledge gaps, and designing innovative curricula Chair: Judy Watt-Watson, RN MSc PhD, University of Toronto Speakers:

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THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
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- Eloise C J Carr, BSc (Hons) RN PGCEA RNT MSc PhD, University of Calgary
- Bonnie Stevens, RN PhD FAAN FCAHS, Lawrence S. Bloomberg Faculty of Nursing and Faculties of Medicine and Dentistry, University of Toronto Centre for the Study of Pain
- Judy Watt-Watson, RN MSc PhD, University of Toronto

Symposium Abstract

Pain education continues to be a low priority in health professional curricula despite decades of research documenting unmet global needs in pain management. The 2016 Global Burden of Disease Study shows that persistent pain is an increasing cause of morbidity and disability worldwide; pain is a common reason that patients seek out a healthcare professional and our graduates need pain knowledge and skills for real world competence. For this reason, the International Association for the Study of Pain has designated 2018 as the Global Year for Excellence in Pain Education. Several key challenges that limit the development and implementation of adequate pain curricula have been identified as: a) a paucity of qualified and confident faculty, b) traditional curriculum models and priorities that do not include pain management, and c) few resources that support curriculum development and interprofessional learning opportunities. Strategies for addressing these and moving the pain agenda forward will be discussed in this symposium. Although faculty have not felt competent in teaching pain content, they have been described as the “ultimate resources of all educational institutions” and mentorship will be discussed as a way to encourage leadership in pain education. Curriculum mapping, including opioid content, has been used successfully to clarify gaps in pain content across professions that need to be addressed. A model of curriculum design and implementation, with strategies based on extensive experience, will be discussed. This symposium will be interactive to stimulate discussion for application to participants’ own context.

Developing leaders in pain education

Eloise C J Carr, BSc (Hons) RN PGCEA RNT MSc PhD, University of Calgary

Mapping pain content gaps in current curricula

Bonnie Stevens, RN PhD FAAN FCAHS, Lawrence S. Bloomberg Faculty of Nursing and Faculties of Medicine and Dentistry, University of Toronto Centre for the Study of Pain

Is Pain a Social Experience?

Judy Watt-Watson, RN MSc PhD, University of Toronto

Learning Objectives

1. Participants will examine the use of personal pain stories, involvement of a local pain champion, and a mentorship model in encouraging future pain education leaders.
2. Participants will discuss strategies to map pain content across professions to support interprofessional patient-centred pain curriculum.
3. Participants will discuss the relevance of a model for designing and implementing pain education in their context.

11:00 AM – 12:30 PM

What is Pain?: Arguments for and against a new definition

Chair: Joel Katz, PhD, York University

Speakers:

- Jeffrey Mogil, PhD, McGill University
- Michael Sullivan, PhD, McGill University

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<ul style="list-style-type: none"> • Kenneth Craig, OC, PhD, University of British Columbia <p><u>Symposium Abstract</u> Pain is known to all through personal experience, but efforts to understand and control pain require a common understanding and effective communication. A widely endorsed and used definition was published by IASP in 1979, with its origins dating to the 1960s. It has been proposed that burgeoning evidence on the nature of pain and its clinical management necessitates revision (Williams & Craig, 2016) and debate has ensued. Strengths of the IASP definition include its attempt to accommodate all types of pain, an emphasis on a complex subjective experience, including sensory and affective features, avoidance of a requirement for tissue damage, and its usefulness across scientific and clinical settings. Criticisms include use of the weak descriptor “unpleasant”, which trivializes most clinical pain, an emphasis on self-report, limiting application to those who are nonverbal and/or nonhuman species, and failure to acknowledge the important cognitive and social components of painful experience, evident in both human and nonhuman species. Notes accompanying the published definition also are incompatible with current understanding. In this symposium, strengths and limitations of the IASP definition will be examined, along with proposals addressing potential revisions.</p> <p><u>Pain, and its Definition, in Non-Human Animals</u> Jeffrey Mogil, PhD, McGill University</p> <p><u>Cognitive Contributions to Pain Experience: Implications for the Definition of Pain</u> Michael Sullivan, PhD, McGill University</p> <p><u>Is Pain a Social Experience?</u> Kenneth Craig, OC, PhD, University of British Columbia</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To understand how decades of research and evolving practice have left the IASP definition of pain outdated. 2. To consider inclusion of cognitive and social components as features of pain, as well as established sensory and affective components. 3. To foster consideration of revised versions of the definition.
11:00 AM – 12:30 PM	<p><u>Using Neuroimaging to Predict Pain and Its Relief: Clinical Utility and Neuroethics</u> Chair: Karen Davis, PhD, Krembil Research Institute, University Health Network Speakers:</p> <ul style="list-style-type: none"> • Karen Davis, PhD, Krembil Research Institute, University Health Network • Mojgan Hodaie, MD FRCS(C), University of Toronto and Krembil Research Institute, Toronto Western Hospital • Javeria Hashmi, Bpharm MSc PhD, Dalhousie University <p><u>Symposium Abstract</u> Treatment of chronic pain can have varying degrees of success, likely due to individual factors that are not well understood. For example, both biological and psychosocial factors can impact the development of chronic pain and the efficacy of treatment on patients with chronic pain. The ability to predict pain relief prior to treatment represents an important advance to create personalized pain management. In this symposium, we explore the neural mechanisms underlying chronic pain and the potential to predict pain relief based on individual pre-treatment metrics of brain and peripheral nerve structure and</p>

	<p>function and the impact of behavioural and environment factors (e.g., context and expectation). We will also consider the neuroethics of such an approach as per the recent recommendations of the IASP task force on the use of brain imaging to diagnosis pain.</p> <p><u>Moving forward from the recommendations of the IASP “task force on the use of brain imaging to diagnose pain” towards ethical applications to predict treatment outcomes</u> Karen Davis, PhD, Krembil Research Institute, University Health Network</p> <p><u>Utility of Trigeminal Nerve DTI Metrics in Predicting Outcome of Trigeminal Neuralgia Surgery: A neurosurgical perspective</u> Mojgan Hodaie, MD FRCS(C), University of Toronto and Krembil Research Institute, Toronto Western Hospital</p> <p><u>Role of expectation and context in predicting pain relief</u> Javeria Hashmi, Bpharm MSc PhD, Dalhousie University</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To understand the IASP fMRI task force recommendations on the use of brain imaging to evaluate pain, and to appreciate the utility of brain imaging to prognosticate pain 2. To understand the utility of using diffusion tensor imaging to identify structural features of the trigeminal nerve that relate to trigeminal neuralgia and that can be predictive of long term pain relief following radiosurgery. 3. Share new information on how brain mechanisms of pain modulation and placebo research offer new directions for improving chronic pain diagnosis and treatment.
11:00 AM – 12:30 PM	<p>Using animal models to understand pain in neurodegenerative and neurodevelopmental diseases Chair: Magali Millecamps, PhD, McGill University Speakers:</p> <ul style="list-style-type: none"> • Bradley Kerr, PhD, University of Alberta • Reza Sharif-Naeini, PhD, McGill University • Magali Millecamps, PhD, McGill University <p><u>Symposium Abstract</u> Neurodegenerative diseases are defined as hereditary and sporadic conditions which are characterized by progressive nervous system dysfunction. These disorders are incurable, debilitating conditions and their management mainly targets motor and cognitive impairments. However, a number of neurodevelopmental and neurodegenerative disease may specifically involve the somatosensory system, thus making pain a clinical concern for these patients. In many of these diseases, identification and assessment of sensory-disturbances may be hampered by concomitant impairments of cognitive and motor performance that leads to mismanagement (like rise of spontaneous neuropathic pain associated with Multiple Sclerosis, or the dangerous decrease in pain perception or expression in Christianson syndrome and Alzheimer's disease). Animal models of neurodegenerative diseases can be of particular interest to mechanistically investigate sensory-disturbances associated with specific pathologies. In the present symposium, 3 speakers will bring new perspectives on 3 different animal models of neurodevelopmental and neurodegenerative disease. Dr Bradley Kerr will present the pathophysiology of neuropathic pain that develops in a rodent model of Multiple Sclerosis. Dr. Reza Sharif-Naeini will discuss the sensory-disturbances that occur in a rodent model of Christianson syndrome and present data on the potential underlying mechanisms. Dr Magali</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p>Millecamps will present work examining changes in acute and chronic pain perception/expression in a rodent model of Alzheimer Disease.</p> <p><u>Using the mouse model experimental autoimmune encephalomyelitis (EAE) to understand the pathophysiology of neuropathic pain in Multiple Sclerosis</u> Bradley Kerr, PhD, University of Alberta</p> <p><u>Progressive degeneration of nociceptors in a mouse model of Christianson syndrome</u> Reza Sharif-Naeini, PhD, McGill University</p> <p><u>Investigating the acute and chronic pain experience during the development of Alzheimer’s disease: a behavioural approach in a triple-transgenic mouse model</u> Magali Millecamps, PhD, McGill University</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To familiarize participants with the panoply of sensory disturbances that may be associated with neurodegenerative diseases. 2. To provide evidence of clinically-relevant changes in the pain experience in animal models of Neurodegenerative diseases and discuss possible underlying mechanisms. 3. To bring awareness of the concept that deficits in pain perception, pain neglect and decreases in the expression of pain are equally deleterious for patients with these disorders.
12:30 PM – 1:30 PM	Lunch / Posters / Tradeshow
12:30 PM – 1:30 PM	Annual Family Physicians Luncheon
1:30 PM – 3:00 PM	<p>Cancer pain versus chronic noncancer pain. Are they the same? A for and against debate. Chair: Jordi Perez, MD, PhD, Alan Edwards Pain Management Unit, McGill University Health Centre</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Dwight Moulin, MD, FRCP, University of Western Ontario • Charles E. Argoff, MD, Albany Medical College, Albany Medical Center • Jordi Perez, MD, PhD, Alan Edwards Pain Management Unit, McGill University Health Centre <p><u>Symposium Abstract</u></p> <p>All chronic pains are “malignant” but some do not have an oncological origin. Regardless of its origin, pain is best assessed and managed with individualized approaches. Some may argue that depending on the etiology of the disease causing the pain, the different approaches need to be adapted to best accommodate the particularities of the underlying disease, the treating team and the patients’ characteristics including their caregivers. This symposium will focus on identifying if those particular differences should be taken into account when assessing and treating pain in patients with an active cancer versus those of chronic noncancer origin.</p> <p>Dr. Moulin is a Canadian pain physician with extensive experience in chronic cancer and noncancer pain states. He is a founding member of the Royal College subspecialty in Pain Medicine and lead the Canadian Consensus Guidelines in the Management of Neuropathic Pain. Dr. Moulin will serve as moderator for the debate between the other 2 speakers.</p> <p>Dr. Charles Argoff specializes in chronic headaches and neuropathic pain. He is Neuropathic Pain Section co-editor for Pain Medicine, editor of multiple pain management textbooks and is particularly active in the media with educational presentations about chronic pain assessment and management. Dr. Argoff</p>

	<p>will defend that cancer pain and noncancer pain should be evaluated and treated in a broadly similar fashion. Dr. Perez shares his practice between a cancer pain and a chronic non cancer pain clinic. He is board member of IASP SIG in Cancer Pain and directs one of the few Cancer Pain Fellowships in the world. Dr. Perez will defend that cancer pain should be seen as a different entity than noncancer pain.</p> <p><u>Introduction to the debate. Is cancer pain and chronic noncancer pain the same entity?</u> Dwight Moulin, MD, FRCP, University of Western Ontario</p> <p><u>Cancer and noncancer pain should not be regarded as a different condition.</u> Charles E. Argoff, MD, Albany Medical College, Albany Medical Center</p> <p><u>Cancer pain is not the same as chronic noncancer pain.</u> Jordi Perez, MD, PhD, Alan Edwards Pain Management Unit, McGill University Health Centre</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To appraise the possible differences between cancer and noncancer pain and judge if they should be taken into consideration when assessing and treating a pain patient. 2. To review the evidences (or lack of) supporting the dichotomy between cancer and noncancer pain and focus on the particular management of each individual rather than categories. 3. To review the differential assessment and management recommended in cancer and noncancer pain populations including diagnosis and treatment modalities.
1:30 PM – 3:00 PM	<p><u>Sex differences in pain across the lifespan</u> Chair: Katelynn Boerner, PhD, BC Children’s Hospital Speakers:</p> <ul style="list-style-type: none"> • Theodore Price, PhD, University of Texas at Dallas • Katelynn Boerner, PhD, BC Children’s Hospital • Roger Fillingim, PhD, University of Florida <p><u>Symposium Abstract</u> Chronic pain affects 1 in 5 children and adults and is a serious and growing health issue that represents an enormous social and economic burden on society. The growing body of evidence that has accumulated in the past 20 years in the area of pain research indicates substantial sex differences in clinical and experimental pain responses (with women being much more likely to experience pain than men), and some evidence that pain treatment responses may differ for women vs. men. This symposium will review the latest research on the role of sex and gender in pain across the lifespan, integrating work from both basic and clinical science. Dr. Price will provide a summary of his work on sex differences in hyperalgesic priming. Dr. Boerner will present her work on the role of sex and gender differences in children’s pain experience and on the efficacy of psychological therapies for pediatric chronic pain. Dr. Fillingim will summarize his work examining the role of psychosocial factors (e.g., mood) and physiological variables (e.g., hormone levels) in explaining sex differences in both experimental and clinical pain responses in younger and older adults. The symposium will discuss sex-based methods of assessment in pain research and the challenges associated with the study of gender as it relates to pain. The symposium will stimulate discussion regarding the importance of a translational, developmental perspective to studying and understanding sex differences in pain across the lifespan.</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p><u>Mechanistic sex differences in hyperalgesic priming models and their implication for chronic pain treatment</u> Theodore Price, PhD, University of Texas at Dallas</p> <p><u>The role of sex differences and gender influences in pediatric pain</u> Katelynn Boerner, PhD, BC Children’s Hospital</p> <p><u>The role of sex and gender differences in adult pain</u> Roger Fillingim, PhD, University of Florida</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. Describe the relevance of a sex- and gender-based perspective in pain research. 2. Understand the prevalence of sex differences in experimental and clinical contexts across the lifespan. 3. Consider developmental factors that may be implicated in understanding sex differences in pain.
1:30 PM – 3:00 PM	<p><u>Mechanism-informed Management for Complex Regional Pain Syndrome</u> Chair: Francois Gobeil, MD FRCP, CSSS Pierre Boucher Speakers:</p> <ul style="list-style-type: none"> • Francois Gobeill, MD FRCP, CSSS Pierre Boucher • Janet Holly, MSc PT, The Ottawa Hospital Rehabilitation Centre • Tara Packham, OTReg(Ont), McMaster University, Michael G. DeGroote Institute for Pain Research and Care <p><u>Symposium Abstract</u> There are a number of potential pathophysiological mechanisms proposed to play a role in the development and perpetuation of complex regional pain syndrome (CRPS). This contributes to the variability seen in clinical presentation in this population. Given this variability, clinicians may be unsure what treatments would be most effective for individual clients. This symposium will present a critical synthesis of the literature, and propose a both a medical and rehabilitation version of a mechanism-specific management algorithm to guide personalized treatment of CRPS. Levels of evidence for the proposed treatments will be identified. The symposium will also discuss areas where the evidence is minimal and opportunities exist for further research to advance treatments around specific mechanisms. To further guide treatment decisions and support client satisfaction with care, clinicians also need to be able to link assessment findings to potential mechanisms, and measure the effectiveness of tailored treatment. We will therefore also discuss optimal outcome measures to measure treatment effectiveness from a mechanistic approach. Finally, we will discuss how this links to the newly proposed core outcome measurement set proposed by the CRPS special interest group of the International Association for the Study of Pain.</p> <p><u>Mechanisms and Management</u> Francois Gobeill, MD FRCP, CSSS Pierre Boucher</p> <p><u>Evidence-based rehabilitation strategies for CRPS</u> Janet Holly, MSc PT, The Ottawa Hospital Rehabilitation Centre</p> <p><u>CRPS mechanisms and measures</u></p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p>Tara Packham, OTReg(Ont), McMaster University, Michael G. DeGroote Institute for Pain Research and Care</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> Attendees will be able to link medical treatment approaches for the treatment of CRPS to current understandings of the proposed disease mechanisms. Attendees will understand the potential links between rehabilitation interventions and disease mechanisms, and will be able to apply this knowledge for selecting interventions for individual patients. Attendees will be introduced to COMPACT, a proposed core measurement set for CRPS clinical research, and gain insights into selecting and using evaluation findings to inform tailored approaches to management based on a mechanistic approach.
<p>1:30 PM – 3:00 PM</p>	<p>In and Out: the role of spinal cord circuits in the processing of sensory information and its relay to the brain</p> <p>Chair: Reza Sharif-Naeini, PhD, McGill University</p> <p>Speakers:</p> <ul style="list-style-type: none"> Stephanie C. Koch, PhD, Molecular Neurobiology Laboratory, The Salk Institute for Biological Studies Steven A. Prescott, MD PhD, The Hospital for Sick Children, University of Toronto Artur Kania, PhD, Institut de recherches cliniques de Montréal, McGill University, Université de Montréal <p><u>Symposium Abstract</u></p> <p>The dorsal horn of the spinal cord is the first relay in the transmission of sensory information from the periphery to the brain. This region is comprised of a complex network of excitatory and inhibitory interneurons, as well as projection neurons that relay the information to supraspinal centers. The complex nature of this circuitry has hampered research efforts aimed at understanding how changes in the function of these networks can lead to chronic pain. However, recent developments of genetic tools to manipulate neuronal activity have significantly helped these research efforts. In the present symposium, 4 speakers will present recent findings based on genetic manipulations, anatomical tracing, behavioral analyses and electrophysiology, and bring new perspectives on the importance of inhibitory neurotransmission in the dorsal horn and the relay of spinal sensory information to the brain. Dr. Koch will present data on a subset of dorsal horn inhibitory neurons which is an essential part of the inhibitory feedback circuit necessary for walking gait. Dr. Prescott will report on latest findings on how dysregulation in chloride homeostasis impact circuit-level pain processing. And finally, Dr. Kania will present recent findings on the central role of projection neurons in the establishment of somatotopy in nociceptive topognosis and the relationship between the sensory and effective components of pain.</p> <p><u>Genetic dissection of a sensory-evoked motor reflex</u></p> <p>Stephanie C. Koch, PhD, Molecular Neurobiology Laboratory, The Salk Institute for Biological Studies</p> <p><u>Disruption of circuit-level pain processing by chloride dysregulation in the spinal dorsal horn</u></p> <p>Steven A. Prescott, MD PhD, The Hospital for Sick Children, University of Toronto</p> <p><u>DCC is required for the development of nociceptive somatotopy and topognosis in mice and humans</u></p> <p>Artur Kania, PhD, Institut de recherches cliniques de Montréal, McGill University, Université de Montréal</p> <p><u>Learning Objectives:</u></p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<ol style="list-style-type: none"> 1. To familiarize participants with the novel approaches that enable the dissection of dorsal horn circuits. 2. To present participants with the latest findings on the changes that dorsal horn circuits undergo after peripheral nerve injury. 3. To highlight the importance of inhibitory neurotransmission in the dorsal horn of the spinal cord, and how its perturbation can lead to the precipitation of chronic pain.
3:00 PM – 4:00 PM	Coffee / Posters / Tradeshow
3:55 PM – 5:30 PM	Poster Tear Down
4:00 PM – 5:30 PM	<p>Medical cannabis in chronic pain: From evidence (lack of?) to clinical practice. Chair: Antonio Vigano, MD MSc, McGill University Health Centre (MUHC), Alan Edwards Pain Management Unit MUHC, McGill University Speakers:</p> <ul style="list-style-type: none"> • Michael A. Dworkind, MDCM CCFP FCFP, McGill University • Maria-Fernanda Arboleda, MD, McGill University • Daphnée Elisma, Patient, Law student, Canadian for Fair Access to Medical Marijuana (CFAMM) <p>Symposium Abstract The negative physical, emotional and social consequences and the high health-care costs related to chronic pain are well known. Unfortunately, there are still patients with poor pain control even after optimal pharmacologic and non-pharmacologic interventions, who may also suffer from opioids and other analgesics side effects. Few review articles and meta-analyses, suggest that cannabinoids may benefit patients with neuropathic and/or cancer pain. However, the scattered base of evidence in addition to the report of neuro-behavioural side effects from synthetic or natural forms of Tetrahydrocannabinol (THC) leave clinicians still perplexed about recommending or using cannabis medicine as a complementary tool for pain management. Starting from the available evidence, pain clinicians, through this symposium, will be provided with practical information on: a) the pharmacology of cannabinoids, b) initiation of treatment, including choice of THC: Cannabidiol (CBD) ratios and plant provenance (i.e. indica vs. sativa), c) titration and monitoring of cannabinoids treatments along with adjustment of concurrent analgesics. The description of a Canadian cannabis clinic, will provide an example where patient care is integrated with research and education, via an interdisciplinary approach. The review of two “first-in-class” clinical trials looking at the safety and efficacy of either cannabis oil capsules or inhaled cannabis on chronic pain, will highlight the efforts to overcome shortcomings of previous studies. Finally a patient’s testimonial will describe how cannabis-based interventions initiated and monitored through the above clinic can make significant differences in the lives of chronic pain patients.</p> <p>Best practices in medical cannabis: The Santé Cannabis model Michael A. Dworkind, MDCM CCFP FCFP, McGill University</p> <p>Research on medical cannabis for chronic pain: current challenges and future directions Maria-Fernanda Arboleda, MD, McGill University</p> <p>How medical cannabis changed my life? Daphnée Elisma, Patient, Law student, Canadian for Fair Access to Medical Marijuana (CFAMM)</p> <p>Learning Objectives:</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<ol style="list-style-type: none"> 1. Provide pain clinicians with key practical information on initiation and titration of cannabinoids for the management of chronic pain. 2. Provide pain clinicians with a Canadian model of a specialized medical clinic, where excellence in cannabis-related research, training of health professionals and patient care is achieved by an interdisciplinary team approach. 3. Describe current and future examples of research on medical cannabis for chronic pain. Particular emphasis will be given on showing the efforts made to overcome the methodological limitations of previous studies, which may have hindered the clinical benefits of cannabis in chronic pain (as they will be reported in the patient’s testimonial).
4:00 PM – 5:30 PM	<p>From birth to death: Novel and evidence-based multi-method assessment of pain across the lifespan Chair: Kathryn A. Birnie, PhD CPsych, University of Toronto & The Hospital for Sick Children Speakers:</p> <ul style="list-style-type: none"> • Britney Benoit, MScN RN, PhD (c), Dalhousie University School of Nursing • Kathryn A. Birnie, PhD CPsych, University of Toronto & The Hospital for Sick Children • Lucia Gagliese, PhD, York University & University Health Network <p><u>Symposium Abstract</u> Pain is, by its very nature, a subjective experience. Despite many years of empirical inquiry and debate, effort to improve the assessment of pain remains an ongoing endeavour for researchers and clinicians alike. The relevance of this work continues given contemporary emphasis on patient-reported outcomes in medical care. The challenge of pain assessment is perhaps most notable amongst populations who are unable to verbally report on their pain experience, such as infants, young children, some elderly, and at the end of life. Here in lies the need for multi-method assessment of pain using observational and, more recently, neurophysiological methods. Valid, reliable, and interpretable assessment of pain remains at the crux of pain management for determining the need for and adequacy of interventions. This symposium will showcase new empirical research and rigorous systematic reviews to guide best clinical and research practice in the assessment of pain from infancy through childhood, adolescence, adulthood, and older people at the end-of-life. It presents examples of the assessment of pain using novel neurophysiological methods, as well as self- and observer-report. This symposium will be of interest to multidisciplinary clinicians and researchers in their selection and application of novel and evidence-based pain assessment methods across the lifespan.</p> <p><u>The use of novel neurophysiological methods to assess pain in non-verbal infants</u> Britney Benoit, MScN RN, PhD (c), Dalhousie University School of Nursing</p> <p><u>Updated recommendations for the selection of self-report of pain intensity measures in children and adolescents</u> Kathryn A. Birnie, PhD CPsych, University of Toronto & The Hospital for Sick Children</p> <p><u>The assessment of cancer pain in older people across the disease trajectory</u> Lucia Gagliese, PhD, York University & University Health Network</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To discuss the methodological application, strengths, and limitations of neurophysiological methods to assess acute pain in infants, and highlight utilization in ongoing neonatal pain intervention trials. 2. To select recommended self-report measures of pain in children aged 3-18 years based on availability and quality of psychometric evidence, child age, and type of pain (acute, postoperative, chronic).

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

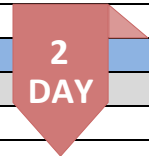
	<p>3. To explore assessment of pain intensity and qualities in older people with advanced cancer and at the end of life, including both self-report and observational measures.</p>
<p>4:00 PM – 5:30 PM</p>	<p>Doing what needs to be done: Moving research into non-traditional areas in order to achieve effective, wide spread and irreversible change in pain care Chair: Thomas Hadjistavropoulos, PhD FCAHS, University of Regina Speakers:</p> <ul style="list-style-type: none"> • Mary Brachaniec, BScPT MAHSR, Canadian Pain Network • Thomas Hadjistavropoulos, PhD FCAHS, University of Regina • Jennifer Stinson, RN-EC PhD CPNP FAAN, Research Institute, SickKids and Lawrence S. Bloomberg faculty of Nursing, University of Toronto <p><u>Symposium Abstract</u> There is little question that health research is undergoing a paradigmatic shift with an increasing emphasis on stakeholder involvement, knowledge translation and knowledge mobilization. Entry into non-traditional research areas is often a necessity for widespread knowledge mobilization and represents uncharted territory, often with expertise developing by trial and error. The goals of this symposium are to: a) shed a new light on the role of partnerships with patients and other stakeholders in patient oriented research (not only for the purposes of knowledge translation and knowledge mobilization) as this role is often misunderstood; b) demonstrate how diversification of research expertise can become a necessity in the quest for implementation of widespread and permanent clinical change. Ways of effectively working with patient/stakeholder partners and of diversifying one’s research expertise (mid-career or later) in order to address obstacles to implementation of evidence-based practices will be presented.</p> <p><u>Nothing about us without us: Adding the patient voice to Canadian chronic pain research to optimize health practices and patient outcomes.</u> Mary Brachaniec, BScPT MAHSR, Canadian Pain Network</p> <p><u>The necessity of mid- to late-career research expertise diversification for achieving widespread clinical change: An example from the study of pain in dementia</u> Thomas Hadjistavropoulos, PhD FCAHS, University of Regina</p> <p><u>Digital health technologies to improve pain in young people: Opportunities and challenges for implementation</u> Jennifer Stinson, RN-EC PhD CPNP FAAN, Research Institute, SickKids and Lawrence S. Bloomberg faculty of Nursing, University of Toronto</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To familiarize participants with a vast array of expertise and partnerships that are often needed as part of efforts to implement new evidence-based approaches 2. To illustrate an approach toward meaningful engagement with patients as research partners 3. To illustrate, through specific examples from research with older adults and with children, how the necessity of expertise diversification was met and addressed by successful research groups.
<p>4:00 PM – 5:30 PM</p>	<p>Emotional modulation of pain: mechanisms of risk and resilience across the life span Chair: Joel Katz, PhD, York University Speakers:</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<ul style="list-style-type: none"> • Melanie Noel, PhD RPsych, University of Calgary and Alberta Children’s Hospital Research Institute • Tim V. Salomons, PhD, University of Reading, School of Psychology and Clinical Language Sciences • Fadel Zeidan, PhD, Wake Forest School of Medicine <p><u>Symposium Abstract</u> There is little question that health research is undergoing a paradigmatic shift with an increasing emphasis on stakeholder involvement, knowledge translation and knowledge mobilization. Entry into non-traditional research areas is often a necessity for widespread knowledge mobilization and represents uncharted territory, often with expertise developing by trial and error. The goals of this symposium are to: a) shed a new light on the role of partnerships with patients and other stakeholders in patient oriented research (not only for the purposes of knowledge translation and knowledge mobilization) as this role is often misunderstood; b) demonstrate how diversification of research expertise can become a necessity in the quest for implementation of widespread and permanent clinical change. Ways of effectively working with patient/stakeholder partners and of diversifying one’s research expertise (mid-career or later) in order to address obstacles to implementation of evidence-based practices will be presented.</p> <p><u>The co-occurrence, impact, and mechanisms of internalizing mental health symptoms in pediatric chronic pain</u> Melanie Noel, PhD RPsych, University of Calgary and Alberta Children’s Hospital Research Institute</p> <p><u>Examining mechanisms for the interaction of pain and negative affect</u> Tim V. Salomons, PhD, University of Reading, School of Psychology and Clinical Language Sciences</p> <p><u>Neural correlates supporting inter-individual dispositional differences in the subjective experience of pain</u> Fadel Zeidan, PhD, Wake Forest School of Medicine</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To understand the role of disordered affect in adolescent chronic pain and underlying mechanisms that maintains these comorbidities 2. To elucidate neural mechanisms through which emotional states interact with pain 3. To better understand individual differences in vulnerability to emotionally-mediated facilitation of pain
6:00 PM – 7:30 PM	<p>Neuropathic Pain SIG Meeting Chair: Anuj Bhatia</p>
6:00 PM – 7:30 PM	<p>Nursing Issues SIG Meeting Co-Chair: Jennifer Tyrrell, RN MN Cneph (c), The Hospital for Sick Children Co-Chair: Jacqueline Follis, RN MSN CDE, Women’s College Hospital</p> <p><u>Panel Discussion:</u> Difficult Conversations in Every Day Practice. Interactive discussion lead by interdisciplinary panelists from across Canada speaking about their challenges and experiences having difficult conversations with patients and families around opioids and medicinal marijuana.</p>
5:45 PM – 7:15 PM	<p>Trainee Session: Emerging Ethical Considerations in Pain Research and Practice: What Every Trainee Should Know Co-Chair: Carley Ouellette, RN MSc (c), Hamilton Health Sciences</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p>Co-Chair: Perri Tutelman, BHSc (Hons), Dalhousie University</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Karen Davis, PhD, Krembil Research Institute, University Health Network • Christopher DeBow, Patient Representative • Dolly Menna-Dack, Pediatric Rehabilitation Bioethicist and Patient Representative <p>Session Abstract</p> <p>Advancements in field of pain have been met with the emergence of new ethical challenges for clinicians and scientists. It is critical for trainees to be aware of this changing landscape and to consider the implications for their work. This interactive workshop will provide an overview of ethical issues relevant to trainees in pain research and practice on topics ranging from ethical considerations in basic science pain research, to ethical issues in clinical pain science and practice, and the ethics surrounding meaningful patient engagement. A diverse panel of speakers will share their perspectives and lived experience with ethical challenges in these domains and provide practical suggestions for trainees to consider as part of their work. First, Dr. Karen Davis will discuss the neuroethical issues of adopting brain imaging to diagnose and treat pain. Next, Ms. Dolly Menna-Dack will speak about unique ethical considerations that trainees should be aware of when designing research and working clinically with the pediatric population. Finally Mr. Christopher DeBow will cover ethical issues that should be considered by trainees in pain research and patients to help ensure meaningful patient engagement and effective collaboration in pain research.</p>
7:15 PM – 10:00 PM	Trainee Social (Offsite)
Thursday, May 24, 2018	
Timeslot	Session
7:00 AM – 8:15 AM	Registration & Breakfast & Poster Set Up
8:15 AM – 8:30 AM	Opening Remarks
8:30 AM – 9:15 AM	<p>Plenary Session: The psychology of physical experience: exploring the ten neglected senses'</p> <p>Keynote Speaker: Christopher Eccleston, PhD, The University of Bath</p> <p>We were taught, and we teach our children, that there are five senses. This unusual perspective on sensation and experience extends into adulthood and into professional education. The psychology of perception, for example, focusses almost exclusively on vision. I present here an invitation to explore the ten neglected senses, of balance, motion, pressure, itch, pain, fatigue, breathing, temperature, appetite, and expulsion (the experience of matter leaving the body). Clinically, the experiences of the body, the physical senses are what are most often at stake, they form the content of the patient reported outcomes argued to be central to chronic healthcare.</p> <p>A functional and phenomenological account of embodied (interoceptive and proprioceptive) experience is presented, focusing on what the function of a specific experience is, what consequences it leads to, and how it feels. Bringing a formal psychological frame to this experience, using scientific method, can bring into focus opportunities for clinical intervention and improvements in patient experience.</p> <p>Using the three examples of pain, itch, and respiration, embodied perception is explored. First, non-clinical limit (extreme) experience are explored, second, what we know from experimental research is reviewed, and finally, the clinical consequences of each sense is developed and exemplified. In particular the learnings for the next generation of self-management, psychological and rehabilitative treatments will be outlined.</p>
9:15 AM – 10:00 AM	<p>Plenary Session: Shining light on touch and pain mechanisms through optogenetics</p> <p>Keynote Speaker: Cheryl Stucky, PhD, Medical College of Wisconsin</p>



THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

10:00 AM – 11:00 AM	Coffee / Posters / Tradeshow
11:00 AM – 12:30 PM	<p>The Effect of a Mindfulness-based Stress Reduction Program on Psychosocial Functioning, Cognitive Impairment, and Brain Activity in Breast Cancer Survivors with Chronic</p> <p>Chair: Patricia Poulin, PhD, The Ottawa Hospital Speakers:</p> <ul style="list-style-type: none"> • Samantha Kenny, BA, The Ottawa Hospital Research Institute • Alicia Duval, BA, University of Carleton • Eve-Ling Khoo, BSc, The Ottawa Hospital Research Institute <p><u>Symposium Abstract</u></p> <p>It is estimated that 26,300 women will be diagnosed with breast cancer in 2017 where 20-50% will develop chronic neuropathic pain (CNP) following treatments. CNP is notoriously difficult to treat and it is often associated with other disorders such as depression, anxiety, and insomnia. Previous mindfulness studies have shown improvement in psychological distress and physical functioning among cancer survivors. The objective of this symposium is to improve understanding of the evidence supporting the use of mindfulness in chronic neuropathic pain, as well as to improve understanding of the impact of mindfulness training on cognition and brain function. We present the results of a randomized controlled trial with breast cancer survivors who were one year post-treatment experiencing neuropathic pain for at least 6 months (n = 118, mean age = 53.27, SD = 10.58), with attention to effects on pain intensity, pain interference, cognition, and patient global impression of change. We also present results of our functional neuroimaging study demonstrating changes in activity in areas of the brain involved in the regulation of attention and emotion as well as bodily perception.</p> <p><u>The Effects of Mindfulness-based Stress Reduction on Pain, Intensity, Global Impression of Change and Daily Functioning</u> Samantha Kenny, BA, The Ottawa Hospital Research Institute</p> <p><u>Mindfulness-based Stress Reduction: A Potential Treatment for Cancer-related Cognitive Impairment</u> Alicia Duval, BA, University of Carleton</p> <p><u>Neurological Changes in Breast Cancer Survivors with Chronic Neuropathic Pain Post Mindfulness-based Stress Reduction</u> Eve-Ling Khoo, BSc, The Ottawa Hospital Research Institute</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. Understand the evidence for the use of mindfulness in chronic neuropathic pain. 2. Understand the impact of mindfulness training on cognitive function among patients with chronic neuropathic pain following cancer treatment. 3. Understand the impact of mindfulness training on brain function during pain related cognitive task.
11:00 AM – 12:30 PM	<p>The North American Opioid Crisis; History, Impact, Initiatives</p> <p>Chair: Fiona Campbell, MD FRCA, President Elect Canadian Pain Society, SickKids, University of Toronto Speakers:</p> <ul style="list-style-type: none"> • Jane C Ballantyne, MD FRCA, University of Washington • Jason Busse, BSc MSc DC (CMCC) PhD, McMaster University • Hance Clarke, MD PhD FRCPC, Toronto General Hospital, University Health Network, University of Toronto

	<p><u>Symposium Abstract</u></p> <p>North America faces a crisis with escalating, overdose and death caused by opioids. There are many contributory causes to this crisis including but not limited to illegally imported fentanyl, opioid overprescribing, lack of pharmacosurveillance, limited access to comprehensive addiction treatment programs, and poor pain management due in part to insufficient pain education, inadequate funding for pain research, and limited access to other treatment options for pain (physiotherapy, psychotherapy, specialized interprofessional pain programs). While opioid prescribing is cited as an important risk factor for the crisis, it is important to note that while death rates from opioids are increasing, that rates of opioid prescribing are declining. In response to government pressure to curb opioid prescribing there are disturbing trends emerging; physicians refusing to prescribe opioids fearing reprisal from professional bodies, suicides by pain patients for whom opioids were cut off, patients suffering from acute opioid withdrawal in Emergency Departments, and patients seeking illicit opioids to treat their pain. There is a need to inform Canadians about the risks of opioid use, support better prescribing practices, reduce easy access to unnecessary opioids, support alternative treatment options for pain, and improve evidence to inform policy and reduce availability of street drugs.</p> <p><u>An epidemic that’s not easy to reverse: the U.S. opioid epidemic</u> Jane C Ballantyne, MD FRCA, University of Washington</p> <p><u>Quality Standards (Health Quality Ontario 2018); Opioid Prescribing for Acute and Chronic Pain</u> Jason Busse, BSc MSc DC (CMCC) PhD, McMaster University</p> <p><u>Opioid Crisis; National and Provincial strategies</u> Hance Clarke, MD PhD FRCPC, Toronto General Hospital, University Health Network, University of Toronto</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. After this symposium; participants will be able to describe contributory causes to the opioid crisis, and why this crisis is hard to reverse. 2. After this symposium; participants will be able to describe new quality standards that may improve the safety and effectiveness of opioid prescribing for pain. 3. After this symposium; participants will be able to describe national and provincial initiatives currently underway to tackle the “opioid crisis” while maintaining the interests of people living with chronic pain.
11:00 AM – 12:30 PM	<p><u>Bugged by Pain – Is Gut Microbiome Involved in the Pathogenesis of Chronic Pain?</u> Chair: Yoram Shir, MD, Allan Edwards Pain Management Unit, McGill University Health Centre Speakers:</p> <ul style="list-style-type: none"> • Ken Dewar, PhD, McGill University / Genome Quebec Innovation Centre • Shiqian Shen, MD, Massachusetts General Hospital for Children • Amir Minerbi, MD PhD, Alan Edward Pain Management Unit, McGill University Health Centre <p><u>Symposium Abstract</u></p> <p>Gut microbiome is being recognized as a key player affecting the host health in multiple mechanisms. In recent years, evidence is mounting on the critical role of the gut microbiota in a variety of pathologies including, but not limited to, metabolic, cardiovascular, oncologic, neurologic and even psychiatric and developmental disorders. The scientific literature is rich in studies on different aspects of the interactions between the host and the microbiome; however</p>

	<p>data on the possible role of the gut microbiota in pathophysiology of chronic pain is still scant. Our increasing understanding of the interactions between the gut microbiota and the central nervous system, also known as the ‘gut-brain axis’, makes reasonable the hypothesis that it may also affect pain. Indeed, some animal studies have shown that gut microbiota play an important role in the development of visceral pain and of neuropathic pain induced by chemotherapeutic agents. Human studies have thus far focused on the interaction of the gut microbiota with gastrointestinal pain, mainly in the context of irritable bowel syndrome.</p> <p>In this symposium, we explore the interactions between the microbiota and its host, looking into the critical role of gut microbiota in the development of chemotherapy induced neuropathic pain and finally, describing an ongoing research on the possible correlation of fibromyalgia and the microbiota in humans.</p> <p>We believe that this rapidly expanding field of research has the potential to open new horizons in the study of chronic pain.</p> <p><u>Lessons from microbiome genome sequencing</u> Ken Dewar, PhD, McGill University / Genome Quebec Innovation Centre</p> <p><u>Gut microbiota and pain</u> Shiqian Shen, MD, Massachusetts General Hospital for Children</p> <p><u>Gut microbiota composition and function in fibromyalgia patients vs. healthy controls</u> Amir Minerbi, MD PhD, Alan Edward Pain Management Unit, McGill University Health Centre</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. An introduction to the world of gut microbiome and its effects on human health and diseases. 2. Learn of the role of the gut microbiome in the development of neuropathic pain in an animal model. 3. Discuss the possible association of the gut microbiome composition and function and chronic pain in humans.
11:00 AM – 12:30 PM	<p><u>Cadillac Care with a Hyundai Budget</u> Chair: Tania Di Renna, BSc MD FRCPC, Women’s College Hospital, Toronto Academic Pain Medicine Institute Speakers:</p> <ul style="list-style-type: none"> • Jaqueline Follis, RN BSN MSN, Women’s College Hospital, Toronto Academic Pain Medicine Institute • Sheldon Laporte, Patient Representative • Laura Pus, BSc MBA, Women’s College Hospital, Toronto Academic Pain Medicine Institute <p><u>Symposium Abstract</u> It is estimated that 1 in 5 Canadians experiences chronic pain, yet many studies show that pain is poorly managed despite its prevalence. In Toronto, patients can spend up to 20 months waiting to receive specialized chronic pain care. To offer people living with pain streamlined and accelerated access to specialized care, Women’s College Hospital has partnered with the Centre for Addiction and Mental Health, Sinai Health System, St. Michael’s Hospital and the University Health Network to create the Toronto Academic Pain Medicine Institute (TAPMI).</p> <p>The hub of services for the TAPMI network is the ambulatory multi-disciplinary centre at Women’s College Hospital. Healthcare providers at the hub assess and triage pain patients to one of the partner hospitals or to the multidisciplinary team at the hub depending on the care they require. Each partner hospital offers distinct specialization in one aspect of pain management that together make TAPMI a comprehensive chronic pain service.</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p>TAPMI has developed a comprehensive program that addresses challenges and barriers to care and builds on the strengths of the partner programs. TAPMI services are designed around the patient’s journey, supporting the patients and their primary care providers at home and in the community through to intake, treatment, and discharge.</p> <p>This symposium will discuss our process for 1) establishing a central intake and triage for 5 large academic pain programs, 2) engaging patients in program development and oversight and, 3) developing economically sustainable programs that meet the needs of our patients.</p> <p><u>Highways to Help: Setting up the right infrastructure to get patients to the right providers the first time</u> Jaqueline Follis, RN BSN MSN, Women’s College Hospital, Toronto Academic Pain Medicine Institute</p> <p><u>The Pontiac Aztec Fallacy: Engaging patients in the design of care</u> Sheldon Laporte, Patient Representative</p> <p><u>The Tesla Model 3: Investing in technologies and innovation to create a sustainable and responsive model of care</u> Laura Pus, BSc MBA, Women’s College Hospital, Toronto Academic Pain Medicine Institute</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. Evaluate the benefits and barriers to access in establishing a centralized triage process 2. Discuss the importance of incorporating the patient in program design and oversight. 3. Explore ways of developing economically sustainable programs within the Canadian health care system
12:30 PM – 1:30 PM	Lunch / Posters / Tradeshow
1:30 PM – 3:00 PM	<p>TAPMI Transitional Pain: The Development and Outcomes from the Transitional Pain Service Opioid Weaning Program Chair: Tania Di Renna, BSc MD FRCPC, Women’s College Hospital, Toronto Academic Pain Medicine Institute</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Hance Clarke, MD PhD, Toronto General Hospital, University Health Network, University of Toronto • Aliza Weinrib, PhD, Transitional Pain Service, University Health Network • Karen Ng, BScPhm PharmD ACPR, Toronto Academic Pain Medicine Institute (TAPMI), Women’s College Hospital • Paul Ross, Patient Representative • Michael Satok Wolman, Patient Representative <p><u>Symposium Abstract</u></p> <p>The McMaster 2017 Opioid Guidelines strongly recommends that patients with chronic non-cancer pain who are experiencing serious challenges in tapering from high dose opioids be referred to a formal multidisciplinary opioid reduction program. As the authors of this document acknowledge, there is a marked shortage of multidisciplinary pain clinics for each person living with chronic pain in Canada. This is a crucial systematic problem that needs to be addressed in order to improve our response to the current opioid crisis in order to make these recommendations feasible -- as it is, there is one such multidisciplinary pain treatment center for every 258,000 Canadians.</p> <p>In addition, there is a lack of evidence or guidance for physicians trying to safely wean patients on high dose opioids or convert them to opioid agonist strategies. The fact is that we are entering a dangerous time for these patients as many will struggle with withdrawal without having the needed coping strategies. We aim to outline some of the tools that we have put into place to help patients wean from their opioid medications and present our opioid weaning data from the Toronto Transitional Pain Clinic.</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p><u>An Opioid Weaning Template and Outcomes over the past 3 years.</u> Hance Clarke, MD PhD, Toronto General Hospital, University Health Network, University of Toronto</p> <p><u>Psychological Approaches to Opioid Weaning</u> Aliza Weinrib, PhD, Transitional Pain Service, University Health Network</p> <p><u>Pharmacist’s Role in Opioid Stewardship and Weaning: Primary Care Outreach</u> Karen Ng, BScPhm PharmD ACPR, Toronto Academic Pain Medicine Institute (TAPMI), Women’s College Hospital</p> <p><u>The Journey down from high dose opioids</u> Paul Ross, Patient Representative Michael Satok Wolman, Patient Representative</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To provide details regarding the pathway being used to wean patients patients from high dose opioids 2. To describe specific psychological techniques associated with opioid weaning 3. To describe the role of the pharmacist within this inter-disciplinary team.
1:30 PM – 3:00 PM	<p><u>Short-term and long-term consequences of opioid use for the treatment of acute pain: Appropriate practices to improve safety and clinical outcomes</u> Chair: Céline Gélinas, N PhD, McGill University, Ingram School of Nursing Speakers:</p> <ul style="list-style-type: none"> • Céline Gélinas, N PhD, McGill University, Ingram School of Nursing • Raoul Daoust, MD CSPQ MSc, Université de Montréal / CIUSSS Nord-de-l’Île-Montréal/Hôpital Sacré-Coeur de Montréal • Catherine Ferland, PhD, McGill University, Shriners Hospital for Children <p><u>Symposium Abstract</u> Opioids are commonly used for the treatment of acute pain. Their use can lead to adverse events and consequences, and patient safety is a major concern. This symposium will examine current data on the latest acute pain research and address potential implications for opioid use and monitoring in clinical practice. Research findings will come from different acute care settings (emergency department, medical and surgical care units), and address specific challenges in the adult and the pediatric populations.</p> <p><u>Predictive factors of opioid-related respiratory depression in acute care settings</u> Céline Gélinas, N PhD, McGill University, Ingram School of Nursing</p> <p><u>Optimal opioid prescription for acute pain relief while limiting misuse and dependence.</u> Raoul Daoust, MD CSPQ MSc, Université de Montréal / CIUSSS Nord-de-l’Île-Montréal/Hôpital Sacré-Coeur de Montréal</p> <p><u>The effects of morphine intake on the endogenous pain control during the acute post-operative period</u></p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p>Catherine Ferland, PhD, McGill University, Shriners Hospital for Children</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. Describe predictive factors of opioid-related respiratory depression 2. Describe optimal use of opioid to treat acute pain 3. Describe risk factors of opioid long-term use
1:30 PM – 3:00 PM	<p>Learning to fear pain: brain imaging and psychophysiological studies of the impact of anticipated pain on pain sensitivity and decision-making.</p> <p>Chair: Mathieu Roy, PhD, McGill University</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Pierre Rainville, PhD, Université de Montréal • Michael L. Meier, PhD, University Hospital Balgrist • Mathieu Roy, PhD, McGill University <p><u>Symposium Abstract</u></p> <p>Pain has an important learning function: we learn to fear cues that are predictive of pain and will try to avoid pain whenever possible. However, avoidance often comes at a cost, in which case we need to decide whether or not we are willing to pay the price for avoiding pain. This symposium will examine the impact of learned fear of pain on pain sensitivity, how fear of pain is represented in the brain, and how fear of pain influences our decisions. Altogether, these three presentations will provide a better understanding of the neural and psychological mechanisms underlying the important influence of pain anticipation on behavior.</p> <p><u>Learned expectations and uncertainty facilitate pain during classical conditioning.</u></p> <p>Pierre Rainville, PhD, Université de Montréal</p> <p><u>Exploring the validity of pain-related fear questionnaires – a probabilistic fMRI machine learning approach</u></p> <p>Michael L. Meier, PhD, University Hospital Balgrist</p> <p><u>No pain no gain: cerebral mechanisms underlying decision-making about pain.</u></p> <p>Mathieu Roy, PhD, McGill University</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To provide a better understanding of the neural and psychological mechanisms underlying the important influence of pain anticipation on behavior. 2. To explore the cerebral underpinning of inter-individual differences in pain-related anticipatory fear. 3. To examine how people make decisions between anticipated pain and potential rewards.
1:30 PM – 3:00 PM	<p>Pain in sport: lessons from the elite athlete</p> <p>Chair: Mark A. Ware, MBBS MSc, McGill University</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Amy Barrette, MSc CAT(C) CSCS FMSC Athletic Therapist, Drakkar de Baie-Comeau • Alan Vernec, MD Dip. Sport Med, World Anti-Doping Agency

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<ul style="list-style-type: none"> • Mark A. Ware, MBBS MSc, McGill University <p><u>Symposium Abstract</u> To be successful, the elite athlete must learn to have a relationship to pain through their intense training and competition, and possibly through injury and recovery. This symposium explores this relationship to a unique aspect of pain: pain as a necessary part of functional outcome. With a practicing athletic therapist, we will explore what physical and psychological approaches the elite athlete takes to working and training through pain. We will explore the guidelines for pain management in elite athletes, recently developed and published by the International Olympic Committee, and we will explore the inherent tension between pain pharmacotherapy and performance enhancement.</p> <p><u>Athletes play through pain – what does that mean for rehabilitation specialists?</u> Amy Barrette, MSc CAT(C) CSCS FMSC Athletic Therapist, Drakkar de Baie-Comeau</p> <p><u>Analgesics, Sport and Anti-Doping</u> Alan Vernec, MD Dip. Sport Med, World Anti-Doping Agency</p> <p><u>Cannabis in sport: enhancement, impairment or enjoyment?</u> Mark A. Ware, MBBS MSc, McGill University</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. Understand the importance and impact of pain in sports medicine 2. Appreciate the rationale for controlling analgesic use in training and competition 3. Discuss the lessons that can be learned about interdisciplinary pain management from the elite athlete
3:00 PM – 4:00 PM	Coffee / Posters / Tradeshow
3:55 PM – 5:30 PM	Poster Tear Down
4:00 PM – 5:30 PM	<p><u>New Horizons in Fibromyalgia</u> Chair: Mary-Ann Fitzcharles, MB ChB, Alan Edwards Pain Management Unit, McGill University Speakers:</p> <ul style="list-style-type: none"> • Lynn Cooper, BES, Patient • Amir Minerbi, MD PhD, Alan Edward Pain Management Unit, McGill University Health Centre • Mary-Ann Fitzcharles, MB ChB, Alan Edwards Pain Management Unit, McGill University <p><u>Symposium Abstract</u> Although fully accepted as a valid illness for more than two decades, fibromyalgia (FM) still presents many challenges for both patients and the health care community. This symposium will address a number of new concepts pertinent to FM. In the first instance we will describe a new approach to directing a research agenda for FM that involved the collaboration of patients and health care professionals. Taking into account the lived experience of persons with FM, a study was conducted to identify priorities regarding management of FM that require further study. Amongst the top ten priorities identified was the question of the effect of lifestyle interventions, including dietary manipulation, as a strategy to improve symptoms of FM. This will provide a segue into the second part of this symposium which will address the effect of diet as well as possible manipulation of the microbiome in FM and painful conditions. Finally,</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

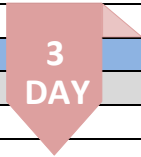
	<p>the very new concept that FM is a condition that spans many medical illnesses will be described. Although mostly recognized to occur as a comorbid condition with rheumatic conditions, the presence of comorbid FM in other medical conditions such as neurological, gastrointestinal, endocrine and other medical conditions will be discussed. We believe that these new insights will be important in the clinical care of persons with FM and will contribute to overall well-being of patients.</p> <p><u>Listen to the patient when embarking on research</u> Lynn Cooper, BES, Patient</p> <p><u>Does what I eat affect my pain?</u> Amir Minerbi, MD PhD, Alan Edward Pain Management Unit, McGill University Health Centre</p> <p><u>Fibromyalgia permeates all of medicine</u> Mary-Ann Fitzcharles, MB ChB, Alan Edwards Pain Management Unit, McGill University</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To be informed of a collaborative process between patients and health care professionals that has identified prioritized gaps in the management of fibromyalgia that may direct clinically relevant research. 2. To understand the current and up to date scope of scientific evidence for dietary manipulation in management of chronic pain and fibromyalgia. 3. To be knowledgeable of the co association of fibromyalgia with other medical illnesses with implications for clinical care
4:00 PM – 5:30 PM	<p>Improving Cancer Pain Management Across the Lifespan: Looking Back to Move Forward Chair: Lynn Gauthier, PhD, Université Laval Speakers:</p> <ul style="list-style-type: none"> • Lucia Gagliese, PhD, York University and University Health Network • Lynn Gauthier, PhD, Université Laval • Perri Tutelman, BHSc (Hons), Dalhousie University <p><u>Symposium Abstract</u> Thirty years have passed since Dr. Ronald Melzack’s IASP Presidential Address, “The Tragedy of Needless Pain: A Call for Social Action” (Proceedings of the 5th World Congress on Pain, 1-11 [1988]), in which he expressed the urgent need to improve pain management for people across the lifespan. Unfortunately, cancer pain remains undertreated, especially in some of the most vulnerable populations, including children, older people, and those in the very last days of life. The objective of this symposium is to trace the history of cancer pain management over the past 30 years, and to describe the persistence of cancer pain undertreatment in these vulnerable populations, and across different phases of the cancer trajectory. Lucia Gagliese will discuss the historical context of cancer pain undertreatment and present recent data describing continuing pain undertreatment in older people with advanced cancer and among those with cognitive impairment at the very end of life. She will also explore some of the underlying causes of this undertreatment. Next, Lynn Gauthier will trace the history of pain management indices, discuss their limitations, and describe their validity, sensitivity, and specificity, and the development of a new, multidimensional index. Finally, Perri Tutelman will review the historical context of pediatric cancer pain undertreatment, present the current state of cancer pain management in this population, and describe findings from a novel social media campaign to address knowledge-to-action gaps in pediatric cancer pain management. Commonalities and differences across the lifespan will be highlighted and directions for future research will be proposed.</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p><u>The Unrelenting Tragedy of Needless Cancer Pain</u> Lucia Gagliese, PhD, York University and University Health Network</p> <p><u>Steps Toward Validation and Refinement of the Pain Management Index</u> Lynn Gauthier, PhD, Université Laval</p> <p><u>Using Social Media to Address Knowledge to Action Gaps in Pediatric Cancer Pain</u> Perri Tutelman, BHSc (Hons), Dalhousie University</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To understand the historical context of cancer pain undertreatment across the lifespan. 2. To describe the current state of cancer pain management and its assessment across the cancer continuum. 3. To summarize recent advances in assessment techniques and knowledge translation strategies to address the persistent problem of cancer pain undertreatment across the lifespan.
4:00 PM – 5:30 PM	<p>National Pain Strategy development- rationale and process, exemplars from other fields Chair: Norm Buckley, MD FRCPC, Chronic Pain Network, McMaster University Speakers:</p> <ul style="list-style-type: none"> • Billie Jo Bogden, Patient Representative • Mary Lynch, MD FRCPC, Dalhousie University • Owen Williamson, MBBS FFPANZCA, Monash University <p><u>Symposium Abstract</u> Chronic pain is extremely common (15-20% of Canadian population) at levels sufficient to affect function. Societal cost is greater than cardiovascular disease and cancer combined. There is agreement about what constitutes best practice care, but this is not available through the provincially funded health care systems for most Canadians, with some specific exceptions. Available treatments may have limited effect, and the impact of pain on individuals, families and society may be best described in a complex bio-psycho-social model which is only amenable to intervention with complex care processes directed specifically at improving lifestyle, etc. Reliance on medical model thinking has led in part to the current prescription opioid crisis through over-prescribing. Research dollars are not allocated to pain topics in proportion to the importance of the problem, with less than one percent of CIHR dollars identifiable as directed at pain.</p> <p>Notwithstanding, there have been significant efforts over the past 5 years to establish a National Pain Strategy to advise policy makers on the type, magnitude and direction of resource allocation. The creation of the Chronic Pain Network (CPN), a 5-year project under the CIHR SPOR initiative, has allowed the establishment of several elements identified as critical in other strategies such as cancer care, and the KT process within the CPN is aimed at improving dissemination of best practice care and public awareness. This workshop will describe these initiatives and others including a Canadian Pain Care Forum, and McMaster Health Policy Forum deliberations towards a National Pain Strategy proposal.</p> <p><u>From the perspective of a person living with pain- what is missing, what is threatening, what looks like hope on the horizon?</u> Billie Jo Bogden, Patient Representative</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p><u>National Pain Strategy 2012- what we did right, what we did wrong, what was missing, what was accomplished</u> Mary Lynch, MD FRCPC, Dalhousie University</p> <p><u>Towards a Canadian National Pain Strategy – what can we learn from the Aussies!</u> Owen Williamson, MBBS FFPMANZCA, Monash University</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To bring a patient perspective onto the issues around a national pain strategy 2. To chronicle the current Canadian state of development of a National Pain Strategy, from the perspective of one of the leaders of that process. 3. To discuss how the lessons learned in the development and implementation of the Australian National Pain Strategy might inform the development and implementation of a Canadian National Pain Strategy.
4:00 PM – 5:30 PM	<p>Hot Topics</p> <p><u>Progression of Spinal Cord Plasticity over 12 months following Lumbar Intervertebral Disc Injury and Attenuation by Voluntary Running Activity</u> Daniel Z. Foster BSc, McGill University</p> <p><u>Pain Training Program</u> Ian Beuprie, MD FRCPC, Dalhousie University</p> <p><u>Mechanisms of spinal hyperexcitability in rat and human models of pathological pain</u> Annemarie Dedek, BSc. Hon., Carleton University</p> <p><u>Parent-Child Reminiscing about Painful and Sad Events: A Comparative Analysis</u> Maria Pavlova, MSc, University of Calgary</p> <p><u>From bedside to bench: IL-8 over-expression (back pain patients, mouse model) and inhibition (mice) contribute to chronic low back pain</u> Seon Ho Jang, McGill University</p> <p><u>Characterization of the nociceptive properties and cellular mechanism of Lionfish venom</u> Stephanie Mouchbahani-Constance, BSc, McGill University</p>
6:30 PM – 11:00 PM	Awards Gala Reception & Dinner
Friday, May 25, 2018	
Timeslot	Session
8:00 AM – 9:15 AM	Registration & Breakfast
9:15 AM – 9:30 AM	Opening Remarks
9:30 AM – 10:00 AM	Distinguished Career Award: Navigating the intersection of pain, fear, and traumatic stress: From whence we came and where we are headed Keynote Speaker: Gordon JG Asmundson, BA (Hons) MA PhD, University of Regina



THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

10:00 AM – 10:30 AM	<p>Early Career Award: Genito-pelvic pain from a couples' perspective Keynote Speaker: Natalie Rosen, PhD Rpsych, Dalhousie University</p> <p><u>Session Abstract</u> Vulvodynia is a genito-pelvic pain condition that is characterized by recurrent vulvo-vaginal pain that does not have an identifiable cause. With a prevalence of 8% to 12% in the general population, this pain adversely affects women's and their partners' psychological, relationship, and sexual well-being. The pain interferes with both sexuality and one's romantic relationship, making interpersonal variables especially relevant to this condition. In this presentation, Dr. Rosen will review her CIHR-funded research focusing on novel interpersonal predictors of adjustment to vulvodynia. Using daily diaries and observational study designs, she will first present her findings on the role of partner responses to the pain, intimacy, and sexual goals (i.e., the reasons for having sex) in the pain and psychosexual impairments of vulvodynia. Results from these studies were used to co-develop a novel, cognitive-behavioural couple therapy (CBCT) for women with vulvodynia and their partners. Dr. Rosen will next provide an overview of this intervention and the results of a pilot study, which found significant pre- to post-treatment improvements in the primary outcome (pain during intercourse), as well as several psychosexual outcomes for both women and partners, including sexual function, sexual satisfaction, and pain catastrophizing. She is currently conducting a two-centre randomized clinical trial to evaluate the efficacy of CBCT by testing it against a standard medical treatment – lidocaine. Overall, this program of research contributes to providing much needed empirically validated psychological interventions for genito-pelvic pain from a couples' perspective.</p>
10:30 AM – 11:00 AM	<p>Coffee</p>
11:00 AM – 12:30 PM	<p>Parental Psychopathology and Pain: Biological, Behavioural, and Social Influences on Offspring Chair: Bonnie Stevens, RN PhD FAAN FCAHS, Lawrence S. Bloomberg Faculty of Nursing and Faculties of Medicine and Dentistry, University of Toronto Centre for the Study of Pain</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Tim F. Oberlander, MD FRCPC, University of British Columbia • Hannah Gennis, MA, York University • Kathryn A. Birnie, PhD CPsych, University of Toronto & The Hospital for Sick Children <p><u>Symposium Abstract</u> Listening to the first cries at birth, the primacy of the social context in human distress responding is clearly demonstrated by the innate predisposition to signal another when upset. Moreover, the importance of biological influences before a child is even born is also critical because the cortical and nervous system foundations for physiological and cognitive distress processing is laid before a child emerges from the womb. Parents play a critical role in shaping pain experiences and pain responses in children of all ages. Research is beginning to show an interaction of developmental stage and parent influence on pediatric pain responses. An important component of parenting the pained child is the parent's emotional well-being. It is well-known in developmental literatures outside the pain context that parents with mental health challenges can struggle to meet the demands of child rearing. This symposium explores this relationship specifically within the pediatric pain context. Drawing from new research across childhood (newborn, young child, adolescent), presenters will discuss biological, behavioural, and social influences on the child in pain, when a parent has mental health challenges.</p> <p><u>Prenatal exposure to antidepressants, maternal mood disturbances and neonatal cardiac autonomic reactivity to an acute noxious event.</u> Tim F. Oberlander, MD FRCPC, University of British Columbia</p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p><u>Understanding How Parental Mental Health Impacts The Efficacy of Parental Management Interventions for Pediatric Pain</u> Hannah Gennis, MA, York University</p> <p><u>The Largely Neglected Role of Parental Physical and Mental Health in Pediatric Chronic Pain</u> Kathryn A. Birnie, PhD CPsych, University of Toronto & The Hospital for Sick Children</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. To better understand the role of biological impact of SSRI's during prenatal development on newborn pain responding. 2. To stimulate discussion on the importance of understanding parental psychopathology when designing parent-led pain interventions for young children. 3. To present evidence for proposed mechanisms underlying relations between parent physical and mental health symptoms and child chronic pain and disability in children and youth.
11:00 AM – 12:30 PM	<p><u>Cognitive biases in pain: current challenges, future directions and treatment opportunities</u> Chair: Dimitri ML Van Ryckeghem, PhD, University of Luxembourg, Institute for Health and Behaviour Speakers:</p> <ul style="list-style-type: none"> • Dimitri ML Van Ryckeghem, PhD, University of Luxembourg, Institute for Health and Behaviour • Melanie Noel, PhD RPsych, University of Calgary and Alberta Children's Hospital Research Institute • Gordon JG Asmundson, BA (Hons) MA PhD, University of Regina <p><u>Symposium Abstract</u> Cognitive biases are a core component of contemporary cognitive-affective models that try to explain pain experience, distress and disability in children and adults experiencing pain. The idea that children and adults with pain show cognitive biases for pain-related information, i.e. they selectively attend to pain-related information at the cost of other information (attentional bias), interpret ambiguous stimuli as pain-related (interpretation bias) or have biased memories for painful events (memory bias), has been particularly influential in this context. Notwithstanding the considerable progress made in the understanding of cognitive biases related to pain and threat, a number of questions remains unanswered and future challenges linger. A first challenge is to further delineate the characteristics of cognitive biases, including their content specificity and dynamics. A second challenge relates to the understanding of how cognitive biases interrelate with each other and possibly reinforce one another. A third challenge relates to the translation of findings on cognitive biases for pain into clear strategies and recommendations to optimize and evaluate pain treatment programs. Presenters in this symposium will address each of the above-mentioned lingering challenges by both critically reviewing the available evidence on cognitive biases in children and/or adults experiencing pain and presenting novel research using innovative study set-ups and unique methods for assessing and modifying cognitive biases in children and adults experiencing pain.</p> <p><u>Attention bias for pain: A dynamic perspective.</u> Dimitri ML Van Ryckeghem, PhD, University of Luxembourg, Institute for Health and Behaviour</p> <p><u>Cognitive Biases for Pain in the Pediatric Period</u> Melanie Noel, PhD RPsych, University of Calgary and Alberta Children's Hospital Research Institute</p> <p><u>Does ABM Training Improve Outcomes in Patients with Chronic Musculoskeletal Pain? An Overview of the Area and First Look at a Large ABM RCT with</u></p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p>Fibromyalgia Gordon JG Asmundson, BA (Hons) MA PhD, University of Regina</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Understand the current state-of-the-science on attention bias for pain and address the malleability and dynamic nature of attention bias for pain. Provide an insight in factors influencing attention bias for pain. 2. To understand the role of cognitive biases in children's acute and chronic pain experiences and the efficacy of a novel, parent-led memory reframing intervention for children's post-surgical pain. 3. To get an understanding of the available evidence for the use of attention bias modification to reduce pain experience and disability, and its applicability in chronic pain patients.
<p>11:00 AM – 12:30 PM</p>	<p>Development of National Guidelines for Older Adults: Prevention, Assessment and Treatment of Cannabis and Opioid Use Disorders – Consultation on Draft Material Chair: Jonathan Bertram, MD CCFP, CAMH, Bowmanville Family Health Organization, Reconnect Mental Health Services Speakers:</p> <ul style="list-style-type: none"> • Jonathan Bertram, MD CCFP, CAMH, Bowmanville Family Health Organization, Reconnect Mental Health Services • Kiran Rabheru, MD CCFP FRCP DABP, University of Ottawa, The Ottawa Hospital • Andrea D. Furlan, MD PhD, Toronto Rehab – University Health Network, ECHO Ontario, University of Toronto, Cochrane Back and Neck Group <p>Symposium Abstract Health Canada has funded the Canadian Coalition for Seniors’ Mental Health (CCSMH) to develop national guidelines for substance use disorders among older adults. This session will present and seek feedback on preliminary drafts of evidence-based clinical guidelines focused on the prevention, screening, assessment and treatment of Cannabis and Opioid Use Disorders among older adults. The presentation and facilitated discussion will discuss the unique physiological, psychological, social and pharmacological circumstances of older adults which make them more vulnerable to the effects of substances. As clinicians and community based individuals, we encounter problematic substance use as well as Substance Use Disorder among seniors in our daily work. Problematic substance use occurs frequently among seniors often unintentionally through over prescription of substances, polypharmacy, and substance misuse. Misuse, dependency and addiction of substances among seniors is often associated with other mental illnesses including depression, anxiety disorders and dementia and can be effected by psychosocial issues often experienced by older adults such as loneliness, bereavement and the existence of chronic illness and/or disability. Session Speakers will focus their presentations on areas of controversy and challenges that have arisen in our work thus far in an effort to elicit guidance and feedback from conference attendees.</p> <p><u>Cannabis Use Disorder Among Older Adults – Supporting Clinicians in the new era of Legalization</u> Jonathan Bertram, MD CCFP, CAMH, Bowmanville Family Health Organization, Reconnect Mental Health Services</p> <p><u>Opioid Use Disorder Among Older Adults – Balancing Pain Alleviation with Concerns of Dependency</u> Kiran Rabheru, MD CCFP FRCP DABP, University of Ottawa, The Ottawa Hospital</p> <p><u>Pain Management for Older People</u></p>

THE CANADIAN PAIN SOCIETY
39TH ANNUAL SCIENTIFIC MEETING PROGRAM
MAY 22 – 25, 2018 | MONTRÉAL, QC

	<p>Andrea D. Furlan, MD PhD, Toronto Rehab – University Health Network, ECHO Ontario, University of Toronto, Cochrane Back and Neck Group</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. Describe the unique risks and other considerations associated with cannabis and opioid use among older adults. 2. Identify the barriers in the assessment and treatment of substance use disorders in older adults. 3. Describe the unique physiological, psychological, social and pharmacological circumstances of older adults which make them more vulnerable to the effects of substances.
11:00 AM – 12:30 PM	<p>Stop New Opioid Prescriptions For Chronic Pain: A Debate</p> <p>Chair: John Xavier Pereira, MD CCFP CIME CEDIR VI, President, Pain Society of Alberta, NMSK Program Lead, Calgary Chronic Pain Centre</p> <p>Speakers:</p> <ul style="list-style-type: none"> • John Xavier Pereira, MD CCFP CIME CEDIR VI, President, Pain Society of Alberta, NMSK Program Lead, Calgary Chronic Pain Centre • Robert Tanguay, MD, FRCPC ISAM(c) CSAM (c), Alberta Health Services, Canadian Society of Addictions Medicine, Pain Medicine, Caleo Health, President-Elect, Pain Society of Alberta • Robert Hauptman, MD, MCFP, Vermillion Pain Clinic, Fort McMurray Pain Clinic, Body Restoration, Past President, Alberta Medical Association Section of Chronic Pain, Past President, Pain Society of Alberta <p><u>Symposium Abstract</u></p> <p>Opioid prescribing standards have tightened in Canada and many countries. The recent and highly cited US Veterans Affairs / Department of Defense clinical practice guidelines now recommend against opioids for chronic pain. Has the time come to stop physicians from prescribing opioids for chronic non-cancer pain entirely? This symposium will be a true debate format.</p> <p><u>Opioid Guidelines: Vastly Differing Recommendations</u></p> <p>John Xavier Pereira, MD CCFP CIME CEDIR VI, President, Pain Society of Alberta, NMSK Program Lead, Calgary Chronic Pain Centre</p> <p><u>We should stop new prescribing of opioids for chronic pain.</u></p> <p>Robert Tanguay, MD, FRCPC ISAM(c) CSAM (c), Alberta Health Services, Canadian Society of Addictions Medicine, Pain Medicine, Caleo Health, President-Elect, Pain Society of Alberta</p> <p><u>We should continue judiciously prescribing opioids for chronic pain.</u></p> <p>Robert Hauptman, MD, MCFP, Vermillion Pain Clinic, Fort McMurray Pain Clinic, Body Restoration, Past President, Alberta Medical Association Section of Chronic Pain, Past President, Pain Society of Alberta</p> <p><u>Learning Objectives:</u></p> <ol style="list-style-type: none"> 1. Compare the new VA/DoD Guidelines with the Canadian Opioid Guidelines. 2. Review the latest literature on the risks and benefits of opioid therapy in chronic, non-cancer pain. 3. Contrast the impact of opioids at individual and societal levels.

