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Scientific Tracks & Abstracts

(Day 1)

Agaezi Ikwugwalu, J Pain Relief 2016, 5:5(Suppl)
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Low back pain: Multidisciplinary approach in low back pain assessment

Agaezi Ikwugwalu
Charmony Healthcare Center, Canada

Almost anyone can expect to experience pain at some point in their lives. There are different types of pain people can experience with low back pain being the most common. Low back pain is cause by many underlying problems. It is also the result of having certain diseases, such as cancer of the spine, herniated disc, sciatica, or even arthritis. Not only that but back pain is the most cause of job disability in the workplace. An acute back pain can last from a few days to a few weeks, while chronic back pain is pain that lasts longer than three months. Moreover, there are well-established clinical treatments for the management of low back pain. This article will focus on multidisciplinary approach to assessment of low back pain. It will provide information about what we know about pain, what we don't know and multidisciplinary approach for assessment and management of the following evaluation. Initial evaluation of patients is important for early and proper management of low back pain thus, reducing unnecessary health costs to individuals and tax payers.

Biography

Agaezi Ikwugwalu is the Founder and CEO of Charmony Healthcare Center a multidisciplinary clinic. She holds a Bachelor's degree in Microbiology, a Doctor of Chiropractic, Post graduate Certificate in Diabetes Educator and a Post-graduate Certification in Exercise and Lifestyle Management. She has been involved in healthcare and wellness for more than 2 decades. She is a US trained Doctor of Chiropractic and licensed to practice Chiropractic in both USA and Canada. As a Chiropractor, she worked in a multi-disciplinary clinic together with an inter-professional team with Family practice MD's, Orthopedic Surgeon, Assistant Physicians, Physiotherapist, Nurses, Massage Therapist and other healthcare practitioners. As an undergraduate student of Microbiology she has published an article in *Nigerian Journal of Biotechnology.* She was appointed as one of the Board Member of the Everglades University in 2006.

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Victor J Hruby, J Pain Relief 2016, 5:5(Suppl)
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Design of novel multivalent ligands for the treatment of prolonged and neuropathic pain without toxicities or development of tolerance or addiction

Victor J Hruby
University of Arizona, USA

Pain is the most ubiquitous disease in the world with over 1.5 billion people suffering from it every day. Though there are treatments for acute pain, there are no good general treatments for prolonged and neuropathic pain. Current treatments for prolonged pain eventually lead to tolerance and often addiction, and many other undesirable side effects. To overcome these problems, we have taken a new approach in which we target multiple receptors in ascending and descending pain pathways in the periphery and centrally. We have designed novel peptide and peptidomimetic ligands which have multiple pharmacophores for receptors that are found in the disease state. For example, we have designed ligands that have potent agonist activities at mu and delta opioid receptors, and potent antagonist activities like neurokinin 1 receptors, all in a single molecule. In addition to extensive *in vitro* pharmacology on these ligands (9 or more different assays), we have done extensive *in vivo* studies in animal models of prolonged and neuropathic pain. We have shown that properly designed ligands with novel bioactivity profiles are potent analgesics which do not develop tolerance or addiction (as for example, morphine does), do not lead to inhibition of transit through the gut, cross the blood brain barrier and do not create other toxicities of current drugs. The difficulties and strategies for multivalent design in a single molecule will be discussed.

Biography

Victor J Hruby and his group have been developing a multidisciplinary approach to the study of peptide hormones and neurotransmitters and their receptors (mostly GPCRs), which has as its major goal developing an understanding of the chemical/physical basis for their effects on human health and disease. This research has involved close collaboration with biologists and medical doctors. They seek to develop peptide and peptidomimetic agonist, antagonist, and inverse agonist ligands that are conformationally constrained and stable in biological environments, can cross (or not) membrane barriers including the blood brain barrier and have unique biological profiles *in vivo*. They have been highly successful and developed state-of-the-art peptide and peptidomimetic synthesis; asymmetric synthesis of novel chi constrained amino acids, β-turn mimetics, etc. and their chimeric derivatives; computational chemistry and molecular modeling including binding to GPCRs of interest; development of state-of-the-art NMR methods to study peptide and peptidomimetic conformations in solution and in membrane environments, and conformations when interacting (binding) to their receptors.

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Notes:

Feng Tao, J Pain Relief 2016, 5:5(Suppl)
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Effect of psychosocial stress on acute-to-chronic pain transition after surgery

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Texas A&M University Baylor College of Dentistry, USA

Chronic postsurgical pain is a serious issue in clinical practice. After surgery, patients experience ongoing pain or become sensitive to incident, normally non-painful stimulation. The intensity and duration of postsurgical pain vary. However, it is unclear how chronic postsurgical pain develops. In this study, we showed that social defeat stress greatly prolonged plantar incision-induced pain and enhanced plantar incision-induced AMPA receptor GluA1 phosphorylation at the Ser831 site in the spinal cord. Interestingly, targeted mutation of the GluA1 phosphorylation site Ser831 significantly inhibited stress-induced prolongation of incisional pain. In addition, stress hormones enhanced GluA1 phosphorylation and AMPA receptor-mediated electrical activity in the spinal cord. Sub-threshold stimulation induced spinal long-term potentiation in GluA1 phosphomimetic mutant mice, but not in wild-type mice. Therefore, our results suggest that psychosocial stress could induce acute-to-chronic pain transition after surgery by enhancing AMPA receptor phosphorylation and spinal central sensitization.

Biography

Feng Tao is an Associate Professor in the Department of Biomedical Sciences at Texas A&M University Baylor College of Dentistry, USA. He has received his RO1 award and Independent Scientist Award from NIH in 2012 and 2014, respectively. He has published more than 30 papers in peer-reviewed professional journals and is serving as an Editorial Board Member for some professional journals. He has also served as an invited reviewer for Johns Hopkins ACCM Seed Grant, NSF-sponsored Pilot Funding at Louisiana State University, Arizona Biomedical Research Commission, Britain Israel Research and Academic Exchange Partnership Regenerative Medicine Initiative, Wings for Life−Spinal Cord Research Foundation in Austria, Department of Veterans Affairs Rehabilitation Research and Development Service Spinal Cord Injury and Neuropathic Pain Panel, and NIH NRCS Study Section.

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Adrianne Randall, J Pain Relief 2016, 5:5(Suppl)
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Fascia iliaca compartment block: A nurse-led initiative for preoperative pain management in patients with a fractured neck of femur

Adrianne Randall
Luton & Dunstable University Trust Hospital, England

Having investigated the efficacy, feasibility, safety and cost complications of using the little known "fascia iliaca compartment block" as a method of pain relief, the Pain Management Team at the Luton and Dunstable Hospital pioneered a nurse-led service, providing effective long acting pain relief in the preoperative period, for patients who had sustained a fractured neck of femur, consequently improving their quality of life by reducing pain and the additional complications such as chest infection, pressures sored and deep vein thrombosis, due to a lack of mobility whilst awaiting surgery. Fractured neck of femur is a serious and costly injury affecting mainly elderly population, which causes considerable pain when untreated or undertreated. The fascia iliaca compartment block for pain relief, provides an additional margin of safety because the needle is inserted distally to the femoral neurovascular bundle. It was therefore felt that nonmedical personnel could be taught to perform the block, enabling more patients to benefit from improved pain management and a reduction in the concurrent use of systemic opioids, thereby decreasing the incidence of opioid induced confusion in the target group and facilitating better nursing care. Specialist nurses were given the requisite training in patient selection, consent, performing the block and the management of possible complications.

Biography

Adrianne Randall has qualified as a Registered General Nurse in New Zealand in 1977 and has specialized in Accident and Emergency Nursing. In 2005, she joined the Pain Team in a part time capacity and soon after obtained a BA using the development of the "Fascia iliaca compartment block: a nurse-led service" as the basis for her dissertation and consequent publication. She continues to work in both Anesthetics and Pain Management, having recently completed the Non-medical Prescribing Course and is currently developing the role of Nurse Sedationist.

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Marco Romoli, J Pain Relief 2016, 5:5(Suppl)
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Long-term results of therapeutic local anesthesia (neural therapy) in patients with chronic pain, disability and postural misalignment

Marco Romoli
University of Florence, Italy

Introduction: Musculoskeletal complaints are one of the most common reasons leading patients to revert to medical care. These include osteoarthritis, rheumatoid arthritis, low back pain (LBP), neck pain (NP) and myofascial pain syndrome. Patients with chronic LBP and NP in particular show a relevant disability and a significant number of them turn to complementary and alternative medicine (CAM). Amongst CAM methods most frequently used in Europe is therapeutic local anesthesia (neural therapy-NT) which includes the infiltration of anesthetics into "interference" fields such as surgery and vaccination scars, burns, bruises, etc.

Aim: The aim of this research was to ascertain whether and to what extent one session of neural therapy on "active" scars could improve pain, disability and postural misalignment in a referred group of patients with chronic nonspecific LBP and NP.

Methods: 50 patients with prevalent back pain (26) or prevalent neck pain (24) were included in the study if they showed at least one active scar to be treated. Outcome measures, assessed after infiltration and during a 6-month follow-up were pain scored using the McGill pain questionnaire; disability was scored using the Oswestry disability index and Neck disability index; the consumption of analgesics was recorded; and the improvement of the body's center of pressure (COP) was measured using a force platform.

Results: A significant reduction of pain, disability and consumption of analgesics were observed for one, three and six months after treatment. It was observed that the coordinates of the patient's COP improved significantly after NT and in the follow-up up to three months.

Conclusion: The long-term results of NT on active scars enlighten the importance of this complementary method for relieving pain and disability of low-back and neck pain. Further trials are needed to understand the pathogenic mechanism of active scars on postural instability.

Biography

Marco Romoli has graduated in Medicine from Florence University. He has done his further studies in Acupuncture and related techniques from Japan, China, France, Austria and Italy. He has published more than 40 papers on Acupuncture, Ear Acupuncture and Neural Therapy. He has been serving as an Editorial Board Member in several journals of Complementary and Alternative Medicine.

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Lizu Xiao, J Pain Relief 2016, 5:5(Suppl)
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A posterior approach to cervical nerve root block and pulsed radiofrequency treatment for cervical radicular pain: A retrospective study

Lizu Xiao
Guangdong Medical College, China

Aim: Catastrophic complications have been reported for selective cervical nerve root block (SCNRB) or pulsed radiofrequency (PRF) via an anterolateral transforaminal approach. Aim of this study is to report a posterior approach to SCNRB and PRF under fluoroscopy guidance and the clinical outcomes of this combined treatment, which has not been reported.

Methods: We retrospectively reviewed the clinical outcomes of 42 patients with CCRP who received a combination of SCNRB and PRF through a posterior approach under fluoroscopy guidance. The thresholds of electrical stimulation and imaging of the nerve roots after contrast injection were used to evaluate the accuracy of needle placement. The numeric rating scale (NRS) was used to measure the pain and numbness levels as primary clinical outcomes, which were obtained in scheduled follow up visits.

Results: A total of 53 procedures were performed on 42 patients at the levels of C5 through C8. All patients reported concordant paraesthesia in response to electrical stimulation. The average sensory and motor thresholds of stimulation were 0.28±0.14 and 0.36±0.14 volts respectively. Injection of contrast resulted in excellent spread along the target nerve root in the large majority of the procedures. The NRS scores for both pain and numbness improved significantly at one day, one week, one month and three months after the treatment. No serious adverse effects were observed in any of the patients.

Conclusions: The posterior approach to combined SCNRB and PRF under fluoroscopy guidance appears to be safe and efficacious in the management of cervical radicular pain.

Biography

Lizu Xiao is a Chief Pain Physician and Deputy Director for the Department of Pain Management of Shenzhen Nanshan Hospital in Guangdong, China. He is a member of International Association for the Study of Pain (IASP) and National Committee of Chinese Association for the Study of Pain (CASP) from 2013. He is an Editor of the *Chinese Pain Medicine Journal*, Professor and Mentor of Guangdong Medical College. He was a Visiting Scholar of the Stanford University from 2009 to 2010.

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Hossam El Beheiry, J Pain Relief 2016, 5:5(Suppl)
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Uses and abuses of opioids for chronic non-cancer pain

Hossam El Beheiry
University of Toronto, Canada

Non-cancer chronic pain is pain lasting longer than three months or past the normal time for tissue healing not related to malignancy (Neurology 83:1277-84, 2014). Non-opioid medications were the only class of analgesics that was used for managing these conditions until the later part of 1990s. Following the recommendation of various medical authorities, various opioid compounds were used for the long term management of non-cancer chronic pain. However, such development resulted in an exponential increase in the number of prescriptions of opioids as well as an increase in the incidence of side effects and overdose related to these potent drugs. Over the last two decades, many studies particularly in the last five to seven years have been performed to investigate the efficacies and side effects of opioid therapy for non-cancer chronic pain. The purpose of this paper is to review such studies including systematic reviews, discuss the recent Canadian guidelines and evaluate the occurrence of side effects in addition to overdose and risks of long-term therapy. All relevant articles in the last five years were reviewed pertaining to the effectiveness, side effects and abuses, dosing strategies and risk assessment of opioid therapy for non-cancer chronic pain (Ann Int Med 162:276-86, 2015). The preliminary results of the review showed an equivocal evidence for long term effectiveness of opioid medications to control chronic non-cancer pain. Additionally, the preliminary results support the notion that long term opioid administration is associated with dose-dependent risk for serious side effects and abuses.

Biography

Hossam El Beheiry has obtained his Anesthesia FRCPC Specialty Certificate in Anesthesia in the year 1994. In 1990, he completed his PhD from the Department of Pharmacology and Therapeutics, the University of British Columbia, Canada. He has also spent a year as a Fellow in Clinical Pharmacology at the University of British Columbia. He is a trained Neuroanesthesiologist at the University of Toronto, Canada. He has authored many publications in Opioid Pharmacology and Regional Anesthesia including complications of Regional Nerve Blocks.

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Edgar Underwood et al., J Pain Relief 2016, 5:5(Suppl)
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Unique pain interventions combining ablation and mechanical augmentation of painful bony tumors

Edgar Underwood and **April Crunk**
University of Alabama, USA

What can be done for pain in the chronic pain or palliative patient other than oral medications? The priority for these patients has been making them as comfortable as possible. However, oral pain and transdermal medications do not always relieve pain leaving the patient with little quality of life. Is there a way to significantly reduce or even alleviate physical pain for one that has been given no alternative to pain management besides oral and transdermal medications? I believe there is. Using ablation and cementation techniques in a unique manner, help is available to patients allowing them to experience a more comfortable existence even pain free thereby improving their quality of life. 16 year old male with metastatic osteosarcoma to the lungs, multiple vertebrae and long bones with intractable back and left tibial plateau pain was selected for the study. Cryoablation and cementoplasty of lytic lesions was performed: Left pedicle and body of L1, L5 pedicle and body of T9, left tibial plateau osteoplasty. 53 year old male with metastatic breast cancer with painful right proximal femur was taken for study. Metal pin assisted cement osteoplasty of pathologic right femoral neck fracture was performed following unsuccessful partial ablation. Tibial kyphoplasty-pathologic tibial fracture using cementoplasty was performed. 75 year old female with bilateral sacral fractures with severe pain was also selected for study. Kyphoplasty was initially performed bilaterally with right sided pain relief, but continued pain on the left side despite oral pain medication and pain patch use. Further image review revealed a left pubic rami fracture for which osteoplasty was performed one week later. 53 year old male was observed with metastatic sacral chondrosarcoma with perirectal pain. Cryoablation followed by cementoplasty was performed to the presacral mass. In each case, patients received pain relief enabling them to enjoy a pain free quality of life. Modern imaging guidance allows safe and effective unique treatments for patients with pain that has failed to be controlled by conventional means.

Biography

Edgar Underwood completed his Under-graduate Training at Rhodes College in Memphis, TN, and then went on to medical school at Emory University. He has been board certified in both Emergency Medicine and Radiology. He then completed his Fellowship Training in the Interventional Radiology Program at UAB. After completing his training, he served as the Chief of Emergency Medicine at Montclair Medical Center. He then moved to Princeton Baptist Medical Center where he was the Chief of Interventional Radiology. He joined the UAB Interventional Radiology section in 2006, and is now an Associate Professor. He performed the first Vertebroplasty in the State of Alabama and has given courses in both Vertebroplasty and Kyphoplasty to interventional radiologists and pain management physicians. He has a passion for teaching and is active in overseas medical missions and disaster relief performing primary care.

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Azza Adel Hassan, J Pain Relief 2016, 5:5(Suppl)
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Symptom prevalence among patients admitted under the supportive and palliative care program in Qatar: A single institution experience

Azza Adel Hassan
National Center for Cancer Care and Research, Qatar

Patients admitted in a palliative care are usually highly symptomatic and in poor performance status. The aim of this study is to report on the most frequently encountered symptoms among palliative care patients, the associated comorbidities and the palliative perform score from a single institution in Qatar, dealing with the management of patients with advanced cancer diagnosis. A retrospective cohort study that included 262 patients admitted to the Palliative Care Unit, National Center for Cancer Care and Research (NCCCR) in Qatar over the period of 1-1-2012 till 31-12-2014. The initial palliative care assessment forms were reviewed for the presenting symptoms, PPS and associated comorbidities. Further, analysis of pain in terms of quality and severity was also reported. A total of 262 patients were reviewed over a 3 years period from 01-01-2012 till 31-12-2014 using the initial palliative care assessment form. Pain was the most common symptom encountered (70% of cases), followed by fatigue (52%), weakness (44%), anorexia (36%) and dyspnea (23%). Anxiety and depression was reported in 17% of patients. Further analysis of pain quality revealed that, dull aching pain was the most common (53%) type of pain, followed by sharp pain (15%) and colicky cramping in 9% of cases. The median score of pain on NRS was 3 with a range from 0-9. Most patients had more than 3 symptoms at initial presentation (74%) of cases. The most common associated comorbidities were diabetes and hypertension (44% and 49%, respectively). Around 50% of patients presented with poor palliative performance score (PPS 30% or less). Patients with advanced incurable cancer diagnosis admitted to our Palliative Care Unit present with a high burden of symptoms including mainly pain, fatigue, anorexia and dyspnea. The majority of those patients have a poor PPS at initial presentation. This entails daily assessment and management of their symptoms.

Biography

Azza Adel Hassan has completed her MBBCh from Alexandria University, Egypt. She has also done her Master's and Doctorate degree in Clinical Oncology from Alexandria University. In 2003, she got the Certification of Hospice and Palliative Medicine (ABHPM). Currently, she is a Program Director of the Supportive and Palliative Care Unit at National Center for Cancer Care and Research, Hamad Medical Corporation in Doha, Qatar. She has several publications in the field of Clinical Oncology and Palliative Medicine in reputed journals.

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Neeru Rathee, J Pain Relief 2016, 5:5(Suppl)
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Detecting facial action units for analyzing facial expressions caused due to pain

Neeru Rathee
Guru Gobind Singh Indraprastha University, India

Pain assessment is the key concern of medical practioners since last many years. The commonly adopted non-invasive methods include visual analog scale, clinical interviews, self-report by patients and observer rating which can be used conveniently without applying any advance technology or special skill. But, these methods are highly subjective and cannot be applied for cases where monitoring is required for lengthy period of time. One solution for pain assessment is by analyzing facial expressions. The atomic unit of facial expressions is facial action unit (AU), which in combination with each other are responsible for any facial expression. The change in facial expressions caused due to pain has been successfully coded by Prkachin by introducing the action units responsible for pain. According to Prkachin, pain can be represented by AUs with numbers 4, 6, 7, 9, 10, 12, 25 and 43. So, intensity of these AUs was computed for pain detection. The information about facial expressions representing these AUs is retrieved by two different features: geometric features and texture features. The geometric features are extracted by modeling the facial features and then by computing the geometric distances and ratios between various landmark points representing facial features. Texture features are computed by pixel based methods and include Gabor features. These two features are combined by simply concatenating them and then fed to support vector machine, which is one of the well-established tool of machine learning, for AU intensity estimation. The approach was evaluated on UNBC-McMaster database and resulted in 95% accuracy for pain detection.

Biography

Neeru Rathee is pursuing her PhD from Guru Gobind Singh Indraprastha University. She holds 8 years of teaching experience and is currently working as an Assistant Professor in Maharaja Surajmal Institute of Technology, one of the reputed institutes affiliated to GGSIPU. She has published more than 10 research papers and is working in the field of Facial Expression Analysis for emotion recognition, kinship verification, and pain assessment using various machine learning algorithms.

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Scientific Tracks & Abstracts

(Day 2)

Ali El Deeb, J Pain Relief 2016, 5:5(Suppl)
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Evaluation of using botulinum toxin (A) in the treatment of myofascial pain syndrome

Ali El Deeb
Tanta University, Egypt

Myofascial pain syndrome (MPS) is a disorder which has become a topic over the past two decades and now. 10 patients (9 female and 1 male) complaining of unilateral MPS were injected with botulinum toxin type A (BTX-A) in masseter and temporalis muscles extra orally under electromyographic guidance (EMG), since they are the primary muscles responsible for pain in ear region and temporal headache, respectively, which cause limitation of mandibular movement and development of MPS. EMG evaluations of the results together with clinical one were taken at baseline before injection, after 1, 2, 3 and 6 months following the last injection. The study revealed that BTX-A reduced the severity of symptoms and improve functional abilities for patients with MPS and these extend beyond its muscle relaxing effects.

Biography

Ali El Deeb has completed his MD from Tanta University and Post-doctoral studies from Tanta University, Faculty of Medicine. He is the Supervisor of Physical Medicine, Rheumatology and Rehabilitation in new Tanta University Hospital. He is also a Reviewer for *Tanta Medical Journal*. He has published many papers in the reputed.

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Nteleki Bahle, J Pain Relief 2016, 5:5(Suppl)
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The use of phototherapy and podiatric intervention to manage chronic lower limb ulcerations in patients with type II diabetes mellitus: A pilot study

Nteleki Bahle
University of Johannesburg, South Africa

The nature of chronic diabetic limb ulcerations makes them generally difficult to manage and resolve. Management of diabetic ulcers is extremely challenging and commonly requires a multi-disciplinary approach. Phototherapy, or low level laser therapy (LLLT), is a therapeutic treatment modality which has been found to enhance the wound healing characteristics in previous studies. This study aimed to establish whether the application of phototherapy and podiatric interventions improves the rate of wound healing in chronic diabetic foot ulcers. A single-blinded randomized placebo-controlled design were utilized to study chronic lower limb ulcers affecting patients with type II DM. Ulcers are divided into 3 groups: Group 1 was treated with podiatric management and placebo phototherapy; Group 2 was treated similarly but with the addition of phototherapy to the ulcer/s at 3 joules per square centimeter (J/cm2) and; Group 3 was treated similarly but in addition to laser treatment of the ulcer/s, phototherapy was also applied to the regional lymphatic nodes. Six patients, with a mean age of 65 years, were treated. Ulcers responded equally well to podiatric treatment protocols, while those exposed to phototherapy showed no adverse side-effects. 25% of ulcers in group 1, and 40% of ulcers in both Groups 2 and 3 resolved completely. The rate of resolution varied from 12 days to 90 days. It is apparent that, this modality may have a beneficiary affect in decreasing the patient's levels secondary complications, improving wound regeneration and patients quality of life.

Biography

Nteleki Bahle has completed his BTech Degree from the University of Johannesburg. He is currently employed in the Department of Health as a Practicing Podiatrist in Pretoria, South Africa and has published research both nationally and internationally. He has enrolled at the University of Pretoria for pursuing his Master's in Public Health.

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Hichem Khenioui, J Pain Relief 2016, 5:5(Suppl)
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Usefulness of intra-articular botulinum toxin injections: A literature review

Hichem Khenioui
Lille Catholic University, France

Background: Botulinum toxin is a proven and widely used treatment for numerous conditions characterized by excessive muscular contractions. Recent studies have assessed the analgesic effect of botulinum toxin in joint pain and started to unravel its mechanisms.

Literature Search Methodology: We searched the international literature via the Medline database using the term "intra-articular botulinum toxin injection" combined with any of the following terms: "knee", "ankle", "shoulder", "osteoarthritis", and "adhesive capsulitis of the shoulder".

Results: Of 16 selected articles about intra-articular botulinum toxin injections, 7 were randomized controlled trials done in patients with osteoarthritis, adhesive capsulitis of the shoulder, or chronic pain after joint replacement surgery. Proof of anti-nociceptive effects was obtained in some of these indications and the safety and tolerance profile was satisfactory. The studies were heterogeneous. The comparator was usually a glucocorticoid or a placebo; a single study used hyaluronic acid. Pain intensity was the primary outcome measure.

Discussion & Conclusion: The number of randomized trials and sample sizes are too small to provide a satisfactory level of scientific evidence or statistical power. Unanswered issues include the effective dosage and the optimal dilution and injection modalities of botulinum toxin.

Biography

Hichem Khenioui is a specialist practising at the Physical Medicine and Rehabilitation Department of Saint Philibert Hospital and teaching at the Catholic University of Lille. He is an expert on Spasticity Management and Orthopedic Disorders. Pain management is one of his center of interest, in particular, the use of botulinum toxin injection on neuropathic pain.

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Views on a brief mindfulness intervention among patients with long-term illness

Anastassia Howarth, Linda Perkins-Porras, Claire Copland and **Michael Ussher**
St. George's University of London, UK

Chronic illness is the leading cause of death in UK and worldwide. Psychological therapies to support self-management have been shown to play an important role in helping those with chronic illness cope; more recently, the therapeutic benefits of mindfulness approaches have become evident for managing depression and other distressing emotions. Brief guided mindfulness interventions, are more convenient than intensive traditional programs requiring regular attendance but have been less explored. This study assessed views on a brief (i.e., 10 minute) mindfulness intervention for those with specific long-term illnesses. Semi-structured interviews and focus groups were conducted with chronic illness patient groups (i.e., chronic obstructive pulmonary disease, chronic pain and cardiovascular disease), designed to capture the acceptability and feasibility of the intervention. The interviews were conducted after use of mindfulness based audio in clinic and, one week later, after use in the patient's own environment. Interviews were recorded, transcribed and analyzed using thematic analysis. In total, a combination of 18 interviews and focus groups were conducted among 14 patients. Recruitment was most successful with chronic pain patients. All patients reported benefits such as feelings of relaxation and improved coping with symptoms. While the wording and content of the audio were generally well received, it was suggested that the length could be increased, as it felt rushed, and that more guidance about the purpose of mindfulness, and when to use it, was needed. A brief mindfulness intervention was well accepted among patients with long-term illness. The intervention may benefit by being lengthened and by offering further guidance on its use.

Biography

Anastassia Howarth is currently pursuing her PhD in Behavioral Medicine, specializing in Chronic Pain Management at St. George's University of London. Her prior degree, an MSc in Health Psychology, focused on lower back pain and she has previous research experience in health outcomes research specifically with patient reported outcomes. Her most recent publication is the protocol for a pilot study of a randomized controlled trial, evaluating a brief mindfulness intervention for those with chronic pain.

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Notes:

Mansoreh Sadeghi Mojarrad, J Pain Relief 2016, 5:5(Suppl)
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Management of nursing and midwifery

Mansoreh Sadeghi Mojarrad
Modarres Hospital, Iran

Management knowledge and using techniques related to it has created changes and deep transformation in community and economic development of countries in the world. Familiar with principles, theories and new concepts of management and using them has caused efficiency and effectiveness of employees and leadership and has guided with foresight. All those who are involved in the group and collective works, somehow will benefit from its user if getting to know the science of management. The success of the performance of a system depends on its management and how to use the available resources and facilities. Health services and treatment institutions will be able increase the power of its work like other organizations, and the efficient use of its facilities and detailed planning of equipment and information only by using special techniques of scientific and applied management. This research has studied some new hypothesis of management and application of them in nursing management as it can identify similarities between the nursing professions with the management carrier. The concept of management has been considered in the health services system in recent years and could solve most of the problems. Hence, we can consider nursing unit as the heart of health care center because it is the only unit that has activities and requires continuous presence throughout the year and it is responsible for organization of affairs. This study has considered the management of nursing and midwifery. It has no hypothesis and the investigated analytical/description method of data has been collected based on library form.

Biography

Mansoreh Sadeghi Mojarrad is currently working in Modarres Hospital, Iran. She had completed her Nursing training. Her main research interest is Pain Management.

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Update on prevalence of pain in patients with cancer: Systematic review and meta-analysis

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Maastricht University, Netherlands

Context: Cancer pain has a severe impact on quality of life and is associated with numerous psychosocial responses. Recent studies suggest that treatment of cancer pain has improved during the last decade.

Objectives: The aim of this review was to examine the present status of pain prevalence and pain severity in patients with cancer.

Methods: A systematic search of the literature published between September 2005 and January 2014 was performed using the databases of PubMed, Medline, EMBASE, CINAHL, and Cochrane. Articles in English or Dutch that reported on the prevalence of cancer pain in an adult cancer population were included. Titles and abstracts were screened by two authors independently, after which full texts were evaluated and assessed on methodological quality. Study details and pain characteristics were extracted from the articles with adequate study quality. Prevalence rates were pooled with meta-analysis; meta-regression was performed to explore determinants of pain prevalence.

Results: Out of 4117 titles, 122 studies were selected for the meta-analyses on pain (117 studies, n=63533) and pain severity (52 studies, n=32261). Pain prevalence rates were 39.3% after curative treatment; 55.0% during anti-cancer treatment; 66.4% in advanced, metastatic or terminal disease. Moderate to severe pain (NRS ≥5) was reported by 38.0% of all patients.

Conclusion: Despite increased attention for the assessment and management, pain continues to be a prevalent symptom in patients with cancer. In the upcoming decade we need to overcome barriers towards effective pain treatment and develop and implement interventions to optimally manage pain in patients with cancer.

Biography

Marieke H J van den Beuken-van Everdingen, MD, PhD is trained as an Internist, Consultant of Palliative Care and Pain Specialist for Oncology patients. She completed her dissertation "Symptoms in Patients with Cancer" in 2009. Her research is embedded in the Centre of Expertise in Palliative Care in Maastricht and the University Pain Clinic Maastricht (UPCM), the Netherlands. Het expertise is on Opioids and Management of (Neuropathic) Pain. She guides several PhD students and is the (co-) author of >20 international peer-reviewed publications. She is the Chair of the Centre of Expertise Palliative Care and a member of several national guideline working groups and involved in the national training programmes for palliative care.

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