



5th International Conference and Exhibition on

PAIN RESEARCH AND MANAGEMENT

October 05-06, 2017 London, UK

Keynote Forum

Day 1

Pain Management 2017

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Henk M Koning

Pain Clinic De Bilt, The Netherlands

Tinnitus: A pain syndrome in search for good therapy

Tinnitus is defined as a phantom auditory perception, namely perception of sound without corresponding vibratory, mechanical activity in the cochlea. It is now evident that the pathology that causes most forms of tinnitus is in the central nervous system where some abnormal neural activity is generated and interpreted in a similar way as activity generated when sound reaches the ear. Hearing loss is believed to trigger the perception of tinnitus in the central auditory system. However, there is no specific hearing loss associated with the occurrence of tinnitus. Most forms of bilateral tinnitus are caused by abnormal neural activity in the central nervous system without damage of the ear. The concept of somatic tinnitus is derived from observations that tinnitus can be evoked or modified by somatic manoeuvres, and that tinnitus can develop acutely after somatic insults to the face, head or neck. Extensive morphological and physiological evidence suggests that somatosensory-auditory interactions in the nucleus cochlearis play a significant role in somatic tinnitus. The dorsal root ganglion of the spinal nerve at the cervical level and the trigeminal ganglion contain the primary somatosensory neurons that project to the nucleus cochlearis. Although neural plasticity is involved in the pathogenesis of tinnitus, there is also a group of patients with tinnitus who can be of vascular origin. Tinnitus patients with a hearing loss greater than 22 dB at 250 Hz were found to be good candidates for a reduction of tinnitus with sympathetic blockade. Sympathetic fibres innervating the cochlea play a role in control of cochlear blood flow with direct sympathetic-induced vasoconstriction. Blockade of the sympathetic fibres to the cochlea can lead to increased cochlear blood flow; this has been recommended as therapy for Meniere's disease, inner ear deafness, and tinnitus.

Biography

Henk M Koning is an Anesthesiologist who worked for more than 30 years in multidisciplinary pain relief. He has several national and international publications concerning anesthesiology, intensive care, trauma care and pain. In pain, his expertise is: low back pain, cervical pain, trigeminal neuralgia, painful feet, and tinnitus. He works in the Pain Clinic De Bilt, De Bilt, The Netherlands.

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Agaezi Sonya

Sonya Health Mart & Chiropractic Inc, USA

Multidisciplinary approach in management of fibromyalgia

Fibromyalgia is located in muscle, tendon, ligament and joint. Fibromyalgia is a condition that is characterized by a widespread of musculoskeletal pain that is accompanied by joint pain, fatigue, tenderness in localized areas. Other symptoms include headache, sleep disturbance, anxiety, depression and mood issues. Some studies suggest that people with fibromyalgia perceive pain different from non-fibromyalgia individuals. This condition is difficult to assess and manage due to its complexity and relation to other conditions. Part of management of fibromyalgia includes thorough assessment which includes patient history and physical examination. Multidisciplinary approach to treatment of Fibromyalgia includes chiropractic, manual therapy, massage, exercises, acupuncture. This is a literature review that examines different non-pharmaceutical methods of managing fibromyalgia, effectiveness and the limitations of the individual disciplinary management. The review will comment on the recommendations for further treatments including outcome measures and multidisciplinary approach to management.

Biography

Agaezi Sonya is the Founder and CEO of Sonya Health Mart & Chiropractic Inc. She holds a Bachelor's Degree in Microbiology, a Doctor of Chiropractic, has a Post-graduate Certificate in Diabetes Education 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 an 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 where she worked together in an inter-professional team with family practice MD's, Orthopedic Surgeon, Physician Assistants, Physiotherapist, Nurses, Massage Therapist and other healthcare practitioners. She is also a Speaker at various community events and organization on a wide range of topics including Pain Management, Diabetes and Management, Chiropractic Care, Health & Wellness, Lifestyle Modifications, Nutrition, etc. She was invited to speak as a Keynote Speaker at international science conferences on Pain Management. She has 2 published abstracts in: Pain Management and Assessment for Healthcare Practitioners; Low back pain: "Multidisciplinary approach in Low Back Pain Assessment". A full article has been published with *Journal of Anesthesia & Pain Medicine* on Pain Management and Assessment for Healthcare Practitioners.

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Notes:



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Bart Torensma

Leiden University Medical Center, Netherlands

Pain sensitivity and pain scoring in patients with severe obesity

Background: There are indications that pain perception is altered in patients with obesity, which complicates postoperative pain treatment. An essential part for adequate pain treatment is the capacity of the patient to grade pain.

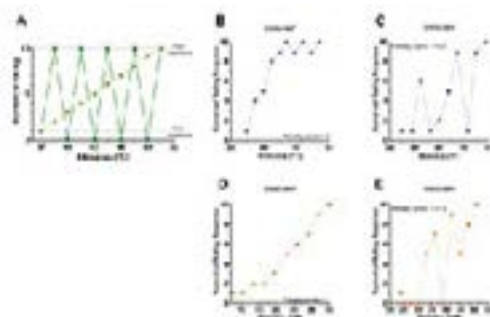
Aim: The aim of this study was to identify the differences in pain perception and pain processing in patients with and without obesity.

Setting: The following task was set up at Dutch Obesity Clinic West; private practice and the Leiden University Medical Center, the Netherlands; University Hospital.

Methods: 41 patients with severe obesity (body mass index 42.9 ± 4.9 kg/m²) and 35 control subjects (body mass index 23.2 ± 2.8 kg/m²) received multiple random thermal and electrical stimuli to the skin, in intensity in-between pain threshold and tolerance. The consistency of scoring was assessed by a penalty score system and stratified into cohorts good, moderate and poor.

Results: The penalty scores differed significantly between patients with obesity and controls with higher penalty scores in patients with obesity for both nociceptive assays. Combining the results of the heat and electrical tests showed that just 28% of the patients with obesity had a penalty score in cohort good indicative of consistency in grading incoming stimuli, in contrast to 60% of control subjects.

Conclusions: Individuals with severe obesity displayed hypoalgesia to noxious electrical stimuli together with difficulty in grading experimental noxious thermal and electrical stimuli in between pain threshold and tolerance. We argue that the latter may have a significant effect on pain treatment, and consequently needs to be taken into account when treating the patients with obesity for acute or chronic pain.



Biography

Bart Torensma pursued MSc and has experience in Epidemiology and Anesthesiology. As CRNA he developed, in the last 10 years, the fast track bariatric surgery for the Dutch Obesity Clinics in the Netherlands. As PhD candidate at the University of Leiden (LUMC) he is doing research in the subjects with obesity combining this with the research in the operation theatre during surgery. Deep neuromuscular blockage and the finding of reducing pain post-operative with lower opiate consumption is one of his research projects. Furthermore, he developed his own Masterclass in epidemiology, anesthesiology and physiological effects of stress in the brain and the effect on the human behavior.

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